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ABSTRACT

The report describes the development of a set of equivalency tests for students in Nursing 2 who have had prior clinical laboratory training or experience in pediatrics, obstetrics, or geriatrics. For each of the three areas the examination packet includes: the course clinical objectives, the challenge examination objectives, a self-study guide, a description of the method and the objectives of the examination, a list of instructions for the tester, a "Giving Care to the Patient" performance evaluation tool, other performance evaluation tools that might be used in the test (teaching/learning, nursing care plan, oral medication administration, and intravenous fluid administration), and possible question topics. (The obstetrics examination includes the above items for both care of the newborn and care of the mother during pregnancy, labor, delivery, and post partum.) Three appendixes, comprising nearly a third of the document, include: performance evaluation tools for intravenous fluid therapy, oral medications, a nursing care plan, teaching/learning, patient problems analysis, an annotated bibliography on challenge examinations in nursing, forms and their tabulated results regarding use of challenge examinations in other undergraduate nursing programs and students' past nursing experiences, and a narrative summary of the project. (JR)

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DEVELOPMENT AND USE OF CHALLENGE EXAMS
FOR CLINICAL LABORATORY NURSING II, PART II

FINAL REPORT

PROJECT NO. 74-RMG-1314

GRANT NO. 30146

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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MARCH 18, 1975

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SUMMARY

This project is the second of a two-part project. In Part I the need for specific clinical laboratory challenge examinations was substantiated by the literature. In Part I challenge exams were developed for clinical laboratory in Nursing II (Obstetrics, Pediatrics and Geriatrics). This was done from April 1, 1974 to June 30, 1974. Consultation was obtained on examination design from Karen Tyler, M. S. and James Eubanks, Ed.D., Specialists in Educational Technology from Arizona State University and from Betty Ord, Nursing Consultant to the Pima Community College Nursing Program, on nursing content. Nursing II is the second of four nursing courses in a career ladder practical nursing, associate degree nursing program. Both practical nursing and associate degree nursing students take this course. The course is the second of three courses for practical nursing students. The pediatric and obstetric parts are oriented toward the A.D.N. level. The geriatric examination can have a practical nursing or associate degree nursing orientation.

Part II involved testing the instruments and using the challenge exams and related performance evaluation tools for a clinical challenge by students enrolled in Nursing II in Fall, 1974 and Spring, 1975.

Testing the Instruments

Each test: "Obstetrics challenge exam"
"Geriatric challenge exam"
"Pediatric challenge exam"

was administered to two different student consultants who had previously challenged the clinical portion of the course prior to the development of these instruments. One student took all three exams and three other students took one exam each. The time frame stated for each test was met in each test. (Normal: 2 days @ 4 hours per day). All students successfully completed the challenge exam.

The one student consultant who had previously challenged all three clinical components commented that being presented with the total challenge packet for all tests was overwhelming. Another student consultant declined to take all three portions of the tests due to the large packet and the amount of time implied by the volume of the exams. In response to the above, packets were separated; students challenging one part were given that part only.

Sample Comments of the Student Consultants

"It did not take as much time as I thought"

"There is a great deal of written work" (Geriatric exam)

"It is hard not to know how you are doing as you go along"

"It is different than a regular clinical lab"

"The questions are about 'medium' - not too hard or too easy"

"Am I all finished?" "I think I have done everything"

"This is like when I tested out, except I knew more what was expected of me"

All four student consultants stated that the tests could be used with other students and were an equitable representation of their performance.

In Part I, during April, 1974, a questionnaire was used to gather information about past educational and work experience of the students in Nursing II to determine if potential test population had the background to successfully challenge the three nursing clinical areas. A summary of these findings is appended in Part I.

As an experiment, the project directors decided to permit those students who wished to challenge, without stating prior education or experience, either obstetric and/or pediatric and/or geriatric nursing to do so in Fall, 1974 and January/February, 1975. The results were:

	<u>CLINICAL EXAMS SUCCESSFULLY CHALLENGED</u>	<u>CLINICAL EXAMS NOT SUCCESSFULLY CHALLENGED</u>
Geriatrics	7	2
Pediatrics	0	1
Obstetrics	0	0

Faculty administering the examinations were not limited to those who designed them. Three other faculty administered examinations to students for challenge.

Selected Performance Evaluation Tools and Data Analysis

The following performance evaluation tools were used by students in three nursing courses:

IV Fluid Administration

Teaching/Learning

Medication Administration (Oral)

Approximately 120 students had the opportunity to use these tools.

The following performance evaluation tools were used by students in Nursing II (approximately 36 students):

Nursing Care Plan (for three assignments)

DDST (once or twice)

The questionnaires reflect the students and faculty verbal comments about use of the specific performance evaluation tools. Events that occurred with use of the tools which were not pre-planned included:

1. Student self-rating
2. Instructor rating after the fact of performance
3. Independent student/faculty rating without preplanning.

It is interesting that since the tools provide considerable structure, they were used flexibly.

There was general faculty and student consensus about the use and nature of the performance evaluation tools. While statements on the questionnaire are not exactly the same, there are correlations between certain statements:

STUDENT STATEMENTFACULTY STATEMENT

1	Correlates with	1
2	Correlates with	2
4	Correlates with	3
5	Correlates with	4
6	Correlates with	5
7 & 8	Correlate with	11
9	Correlates with	8
10	Correlates with	7
11 & 14	Correlate with	11
12	Correlates with	9
13	Correlates with	10
15	Correlates with	12

After these tools were developed, performance evaluation tools for other experience were designed by the general course faculty and used during the Fall Semester, 1975. A tool for IM and subcutaneous medication administration was developed. In January, 1975 a performance evaluation tool incorporating medication administration by all routes, except IV, was developed.

Common use of language in a specific tool is helpful to students in knowing performance expectations; it is also helpful to faculty to know that other instructors are using the same device to measure student performance.

The use of these tools simplifies and reduces bulk in student records, if a note is made that student completed a specified number of specific performance evaluation tools. Individual performance evaluation tools are retained in student files beyond the semester, on a special basis only (e.g. student needed three trials to complete oral medication administration performance evaluation tool satisfactorily).

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: D. D. S. T.

QUESTIONS	STUDENT RESPONSES TO QUESTIONS								
	*	SA	A	D	SD	N	YES	NO	B
1. Use of tool let me know if my performance was satisfactory	2		7	1					
2. Use of tool let me know when my performance was not satisfactory	2		6	1		1			
3. Use of tool let me know how my performance was not satisfactory			8	2					
4. When I read the PET before assignment, I knew what was expected of me	4		5	1					
5. I would change the language of this PET to make it more clear	1		1	6	1				
6. The style & format of the PET was easy to follow	1		7	1					
7. The specific PET was based on information I knew			7	1		1			
8. The specific PET was based on information I knew nothing about				5	3	1			
9. I rated myself on the Performance Evaluation Tool							5	4	
10. My instructors evaluated me on the Performance Evaluation Tool							7	1	1
11. I suggest that these PETs be used with other students							7		1
12. The tool tests only manual skills			1	6	3				
13. The tool includes items that relate to a patient's individuality	1		7	1		1			
14. The tool is useful to students at my course level	1		6			1			
15. I would prefer that an instructor give me a verbal evaluation of my performance without the use of the PET							3	4	2
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank + COMMENTS: BACK OF SHEET									

COMMENTS:

Advocates use with other students, but not as necessary part of diary or to be turned in for course grade.

Turns into a hassle.

Good but not outstandingly helpful.

Verbal evaluation in addition could be helpful.

Comment on use of D.B.S.T. with very sick child - inappropriate.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: **TEACHING/LEARNING**

QUESTIONS	STUDENT RESPONSES TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of tool let me know if my performance was satisfactory	1	2						
2. Use of tool let me know when my performance was not satisfactory	1	2						
3. Use of tool let me know how my performance was not satisfactory		2						
4. When I read the PET before assignment, I knew what was expected of me	1	1						
5. I would change the language of this PET to make it more clear		1	1					
6. The style & format of the PET was easy to follow			1		1			
7. The specific PET was based on information I knew	1	1						
8. The specific PET was based on information I knew nothing about								
9. I rated myself on the Performance Evaluation Tool						2		
10. My instructors evaluated me on the Performance Evaluation Tool						1		
11. I suggest that these PETs be used with other students						1		
12. The tool tests only manual skills			2					
13. The tool includes items that relate to a patient's individuality		2						
14. The tool is useful to students at my course level		3						
15. I would prefer that an instructor give me a verbal evaluation of my performance without the use of the PET							1	2
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank + COMMENTS: BACK OF SHEET								

COMMENTS:

The checklists help you remember how you performed at certain times - refresh memory at evaluation time.

Waste of time - didn't feel it helped in an instructional way.

I felt at times that individual personal communication is a better process than the tool, but find that all aspects are better covered in the checklist. The tool being evaluated by instructor helped me to become aware of areas in which I needed assistance and more experience. The tool is worthwhile.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TABLE: NURSING CARE PLAN

QUESTIONS	STUDENT RESPONSES TO QUESTIONS							
	* SA	A	D	SD	N	YES	NO	B
1. Use of tool let me know if my performance was satisfactory	3	3		1+				
2. Use of tool let me know when my performance was not satisfactory	3	3		1+				
3. Use of tool let me know how my performance was not satisfactory	3	3		1+				
4. When I read the PET before assignment, I knew what was expected of me	1	5		1+				
5. I would change the language of this PET to make it more clear		2	5					
6. The style & format of the PET was easy to follow	1	5						
7. The specific PET was based on information I knew	1	4	1					
8. The specific PET was based on information I knew nothing about			4	2				1
9. I rated myself on the Performance Evaluation Tool						6		
10. My instructors evaluated me on the Performance Evaluation Tool						6		
11. I suggest that these PETs be used with other students						4		1
12. The tool tests only manual skills			4	2				
13. The tool includes items that relate to a patient's individuality	2	2	2					
14. The tool is useful to students at my course level	1	5						
15. I would prefer that an instructor give me a verbal evaluation of my performance without the use of the PET							1	5
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank * COMMENTS: BACK OF SHEET								

COMMENTS:

- + This student stated did not help learning process at all

Use as a study guide of what is to be included, not as evaluation

(Answered 1 through 4 only)

Advocates use with other students, but not as necessary part of diary or to be turned in for course grade.

Turns into a hassle.

Optional = 2 responses

- #11 Suggest the evaluation tool be used only for students that need improvement, if doing satisfactory job. Paperwork is unnecessary if you already know instructor's opinion

Great to aid in improving yourself but a lot of work if not necessary.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

IV FLUID ADMINISTRATION

QUESTION	STUDENT RESPONSES TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of tool let me know if my performance was satisfactory	4	2						
2. Use of tool let me know when my performance was satisfactory	3	3						
3. Use of tool let me know how my performance was not satisfactory	3	2	1					
4. When I read the PET before assignment, I knew what was expected of me	5	1						
5. I would change the language of this PET to make it more clear			5					1
6. The style & format of the PET was easy to follow	1	2	2					1
7. The specific PET was based on information I knew	2	3						1
8. The specific PET was based on information I knew nothing about			3	1				2
9. I rated myself on the Performance Evaluation Tool						5		1
10. My instructors evaluated me on the Performance Evaluation Tool						5		1
11. I suggest that these PETs be used with other students						5		1
12. The tool tests only manual skills		2	2	1				
13. The tool includes items that relate to a patient's individuality	1	1	3					1
14. The tool is useful to students at my course level		5						1
15. I would prefer that an instructor give me a verbal evaluation of my performance without the use of the PET							5	1
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank * COMMENTS: BACK OF SHEET								

COMMENTS:

Some of the criteria was not always available or applicable and the "essentialness" of some of the criteria were not always met and this caused great anxiety to the student. Rewording of some of the objectives would eliminate this anxiety. It is not always applicable.

QUESTIONNAIRE
PERFORMANCE EVALUATION TOOL (PET)

TOPIC: MEDICATION ADMINISTRATION (ORAL)

QUESTIONS	STUDENT RESPONSES TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of tool let me know if my performance was satisfactory	6	5						
2. Use of tool let me know when my performance was not satisfactory	6	6						
3. Use of tool let me know how my performance was not satisfactory	3	7			1			
4. When I read the PET before assignment, I knew what was expected of me	8	2						
5. I would change the language of this PET to make it more clear	1	1	6	2	1			
6. The style & format of the PET was easy to follow	4	6		1				
7. The specific PET was based on information I knew	2	7	3		1			
8. The specific PET was based on information I knew nothing about				5	1			
9. I rated myself on the Performance Evaluation Tool							9	1
10. My instructors evaluated me on the Performance Evaluation Tool							10	
11. I suggest that these PETs be used with other students							8	
12. The tool tests only manual skills			5	3	1			
13. The tool includes items that relate to a patient's individuality	2	5	4		2			
14. The tool is useful to students at my course level	3	6	1					
15. I would prefer that an instructor give me a verbal evaluation of my performance without the use of the PET							3	7
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank REMARKS: BACK OF SHEET								

COMMENTS:

Students who used faculty form to answer believed checklist helpful in proper and required criteria for passing medications.

Some Criteria hard to understand.

Lack of freedom to write special incidents and feelings about how you felt you did.

Sometimes a verbal evaluation explains more:

1. Student/instructor interaction
2. A fuller understanding of right and wrong

Very helpful

How about a verbal evaluation in conjunction with written performance evaluation tool.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: Unspecified (0 of 5
Specified)

QUESTIONS	STUDENT RESPONSES TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of tool let me know if my performance was satisfactory	2	1	1					
2. Use of tool let me know when my performance was not satisfactory	1	2	1					
3. Use of tool let me know how my performance was not satisfactory	1	2	1					
4. When I read the PET before assignment, I knew what was expected of me	2	2		1				
5. I would change the language of this PET to make it more clear		1	2					
6. The style & format of the PET was easy to follow		4		1				
7. The specific PET was based on information I knew		4						
8. The specific PET was based on information I knew nothing about		1	2					
9. I rated myself on the Performance Evaluation Tool						4		
10. My instructors evaluated me on the Performance Evaluation Tool						4		
11. I suggest that these PETs be used with other students						4		
12. The tool tests only manual skills			3	1				
13. The tool includes items that relate to a patient's individuality		3	1					
14. The tool is useful to students at my course level		3		1				
15. I would prefer that an instructor give me a verbal evaluation of my performance without the use of the PET						1	3	
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank * COMMENTS: BACK OF SHEET								

COMMENTS:

IV FLUID CHECKLIST

Some questions hard to understand

Generally good evaluation of performance

Instructors should really ask if students do understand the objectives stressed. Also make it a point to say some objectives are not applicable because the situation does not arise.

Use verbal evaluation with checklist.

3. EVALUATION OF
PERFORMANCE EVALUATION TOOL (PET)

NURSING CARE PLAN

QUESTIONS	FACULTY RESPONSES TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of the tool let my students know their performance was satisfactory	1	5						
2. Use of tool let my students know when their performance was not satisfactory	1	5	1					
3. When students read tool in advance, they demonstrated knowledge of what was expected of them	2	1	3		1			
4. I would change the language of this PET to make it more clear		3	3					
5. The style and format of the Tool was easy for me to follow in evaluating the student		5	1					
6. The Tool is based on material contained in the nursing curriculum	1	4	1					
7. I rated students using the Performance Evaluation Tool						4		1
8. My students rated themselves on the Performance Evaluation Tool						3	4	
9. The tool tests only manual skills			3	3				
10. The tool includes items that relate to a patient's individuality	3	2		1				
11. The Tool is useful to students and faculty at the course level I teach	2	3	1					
12. I would prefer to give a verbal evaluation on student performance without use of the PET						2	4	
13. I used the comments column frequently						3	3	
14. I used the comments column rarely, or not at all						2	3	1
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank								
COMMENTS RACE OR GIBNET								

COMMENTS:

#2 needed interpretation, especially in creative abstract content vs. mechanical.

Study guide needs revising.

#7 - trouble understanding what each instructor wanted out of this assignment. Each has strong ideas and they differ. Sometimes more from head than criterion on tool.

#10 - Circled 3 times for emphasis.

#12 - Written proof better

PET good. Student should read before doing NCP.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: MEDICATION ADMINISTRATION
(ORAL)

QUESTIONS	FACULTY RESPONSES TO QUESTIONS							
	* SA	A	D	SD	N	YES	NO	B
1. Use of the tool let my students know their performance was satisfactory	3	5						
2. Use of tool let my students know when their performance was not satisfactory	2	5			1			
3. When students read tool in advance, they demonstrated knowledge of what was expected of them	3	3	1		1			
4. I would change the language of this PET to make it more clear		1	5	2				
5. The style and format of the Tool was easy for me to follow in evaluating the student	3	5						
6. The Tool is based on material contained in the nursing curriculum	3	5						
7. I rated students using the Performance Evaluation Tool						7	1	1
8. My students rated themselves on the Performance Evaluation Tool						7	2	
9. The tool tests only manual skills		2	4	2				
10. The tool includes items that relate to a patient's individuality	1	3	3	1				
11. The Tool is useful to students and faculty at the course level I teach	4	4						
12. I would prefer to give a verbal evaluation on student performance without use of the PET						2	5	1
13. I used the comments column frequently						8		
14. I used the comments column rarely, or not at all							6	2
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank + COMMENTS: BACK OF SHEET								

COMMENTS:

#4 - You can't make it any clearer.

Very valuable- Look over thoroughly before medication administration.

All evaluation lists fantastic.

This is perhaps best of any of our checklists.

I always add comments on how students related to patients as people.

#13 - Sometimes used comments column.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: D.D.S.T.

QUESTIONS	FACULTY RESPONSES TO QUESTIONS								
	*	SA	A	D	SD	N	YES	NO	B
1. Use of the tool let my students know their performance was satisfactory	1	1							
2. Use of tool let my students know when their performance was not satisfactory	1	1							
3. When students read tool in advance, they demonstrated knowledge of what was expected of them	1	2							
4. I would change the language of this PET to make it more clear	2								
5. The style and format of the Tool was easy for me to follow in evaluating the student	2								
6. The Tool is based on material contained in the nursing curriculum	1	1							
7. I rated students using the Performance Evaluation Tool							1		1
8. My students rated themselves on the Performance Evaluation Tool								1	1
9. The tool tests only manual skills	1			1					
10. The tool includes items that relate to a patient's individuality	1	1							
11. The Tool is useful to students and faculty at the course level I teach	1								1
12. I would prefer to give a verbal evaluation on student performance without use of the PET							1	1	
13. I used the comments column frequently								1	1
14. I used the comments column rarely, or not at all							1		1
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No Opinion B = Blank									
+ COMMENTS: BACK OF SHEET									

COMMENTS:

Not used in III

Skills lab with D.D.S.T. manual, plus explanation would help.

#4 - change language about age determination to make it more clear.

Perhaps faculty should write an introductory guide.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: TEACHING/LEARNING

QUESTIONS	FACULTY RESPONSE TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of the tool let my students know their performance was satisfactory	1	2	1					
2. Use of tool let my students know when their performance was not satisfactory	1	1	1		1			
3. When students read tool in advance, they demonstrated knowledge of what was expected of them		3		1				
4. I would change the language of this PET to make it more clear	1	1	2					
5. The style and format of the Tool was easy for me to follow in evaluating the student		2	1		1			
6. The Tool is based on material contained in the nursing curriculum	1	2	1					
7. I rated students using the Performance Evaluation Tool						1	1	2
8. My students rated themselves on the Performance Evaluation Tool						3		1
9. The tool tests only manual skills		1	3					
10. The tool includes items that relate to a patient's individuality		2		1				1
11. The Tool is useful to students and faculty at the course level I teach	1	2	1					
12. I would prefer to give a verbal evaluation on student performance without use of the PET						2	1	1
13. I used the comments column frequently						4		
14. I used the comments column rarely, or not at all							2	2
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No opinion B = Blank								
* COMMENT: BACK OF SHEET								

COMMENTS:

Cover sheet seems more geared to pediatrics and geriatrics, but could be revised for all types of teaching.

One faculty did not use tool, but plans to use it in the future.

QUESTIONNAIRE ON
PERFORMANCE EVALUATION TOOL (PET)

TOOL: IV FLUID ADMINISTRATION

QUESTIONS	FACULTY RESPONSES TO QUESTIONS							
	SA	A	D	SD	N	YES	NO	B
1. Use of the tool let my students know their performance was satisfactory	1	3			1			
2. Use of tool let my students know when their performance was not satisfactory	1	3			1			
3. When students read tool in advance, they demonstrated knowledge of what was expected of them	1	3		1				
4. I would change the language of this PET to make it more clear	1	1	1	1	1			
5. The style and format of the Tool was easy for me to follow in evaluating the student	3	2						
6. The Tool is based on material contained in the nursing curriculum	1	4						
7. I rated students using the Performance Evaluation Tool						2	2	1
8. My students rated themselves on the Performance Evaluation Tool						6	1	
9. The tool tests only manual skills	2	1	2					
10. The tool includes items that relate to a patient's individuality		1	2	1				1
11. The Tool is useful to students and faculty at the course level I teach	1	3			1			
12. I would prefer to give a verbal evaluation on student performance without use of the PET						3	1	1
13. I used the comments column frequently						3	2	
14. I used the comments column rarely, or not at all						2	2	1
*KEY: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N = No opinion B = Blank + COMMENTS: BACK OF SHEET								

COMMENTS:

#4 - Very Clear

#6 - More precise than curriculum.

#9 - Strongly agree and interpersonal relations also
evaluated with criteria on tool.

Very helpful to student. Students know precisely
what faculty look for when we evaluate them.

In addition, two copies of each exam were given to faculty at the Tucson Skills Center Practical Nursing Program for administration to two practical nurse students near the end of the specific clinical area being tested. Comments by faculty and students were:

OBSTETRIC EXAM

1. Beyond practical nurse level.
2. Statements on physical care of mother not sufficiently specific.
3. Students believed many statements involving evaluation of newborn status were in the realm of the physician.
4. Cultural and psychosocial aspects not considered as part of role.

PEDIATRIC EXAM

1. DDST omitted, since these students do not learn or use it.
2. All nursing care items completed.
3. Term "assessment" not understood.

GERIATRIC EXAM

1. Students were able to complete successfully.
2. Required a great deal of written work.
3. Some items on sensory status survey were difficult to measure.

The Tucson Skills Center uses a different format for objectives and some of the statements and language were not clear to these students.

The examinations have been revised, based on experience with them. The pediatric and obstetric exams will be retained. The geriatric exam will be used for nursing home clinical experiences if these are retained in the program.

The challenge exams were designed to measure performance of clinical objectives of an individual course in a single school. The philosophy of the nursing programs, the theoretical framework, the common faculty/student language and the student population all influenced the development and use of the examinations. The population for testing the examinations and the students tested were very limited. Generalizations about the examinations should include consideration of all of the above.

However, the belief that students with past work experience and education should have the opportunity to demonstrate and receive credit for what they know is widely held in nursing education. These examinations provide a method for systematic testing of clinical performance that is uniform for student and testor. They also provide students with knowledge of what is being tested. The tests are structured in such a way that a change in depth or emphasis of clinical objectives can be accommodated in the tests. The use of the nursing care plan and teaching/learning performance evaluation tools lay the groundwork for measurement of judgment when the student is actually giving nursing care to a patient. This judgment measurement is missing from many skills or tasks checklists. There is provision in all tests for developmental and psychosocial characteristics and needs of patients.

Testing provides an introductory component for patient assessment (observation and communication), then a plan of care utilizing patient information and other resources, then care given, and evaluation. Test design is closely related to the steps of the nursing process.

TESTING METHODS AND MODEL

I. Establishment of Prerequisites:

- A. Past work experience
- B. Past educational experience
- C. Enrollment in specific course

II. Inform students of prerequisites and opportunity to challenge.

III. Provide student(s) with examination packet(s) to include:

- A. Course clinical objectives
- B. Challenge exam objectives

- C. Self-Study Guide
 - D. Description of method of exam to include time involved, expected student behavior and statement of objectives.
 - E. List of instructions for testor.
 - F. "Giving Care to Patient" Performance Evaluation Tool.
 - G. Performance Evaluation Tools that might be used in test:
 - (1) Teaching/Learning
 - (2) Nursing Care Plan
 - (3) Oral Medication Administration
 - (4) IV Fluid Administration
 - H. Possible question topics.
- IV. Provide conference opportunity for student to ask questions for clarification after student has received exam packet.
- NOTE FOR INSTRUCTOR: Write questions and answers in advance of student experience to prevent bias in framing questions and answers, or develop a pool of questions that can be modified for specific patients.
- V. Conduct exam and give student results orally. Record results in student record. A notation of pass by exam should suffice, if copies of exam are readily available to faculty; there is no need to keep individual copies on each student.

"GIVING CARE TO GERIATRIC PATIENT"

This is the Performance Evaluation Tool that offered the best model for adaptation to medical/surgical nursing. Assessment data for a specific patient or group of patients could be obtained by nursing history or other assessment methods, including a component for knowledge of pathology, physiologic state, diagnostic tests and studies, treatment and medication. The P.P.A. could be used with all age groups. The N.C.P. could be used without modification. The model "Giving Care to a Patient" Performance Evaluation Checklist is in Appendix "A", Pages A-21 through A-28.

RECOMMENDATIONS

1. Statement of objectives, methods, and each item of every performance evaluation tool employed should be in language that is meaningful to the faculty/student population involved.
2. If several faculty are involved, testing should be uniform in administration and scoring.
3. Testing for challenge should be done at a specified time when instructor is not responsible for regular clinical students. Three students would be an optimum number for challenge.
4. Performance Evaluation Tools can be used for diagnostic purposes with student already in the course. Students can self-rate themselves. Faculty can rate students.
5. The Performance Evaluation Tools are very useful with average, unknown, borderline students. The creative, or exceptional student, may be bored by the Performance Evaluation Tools. However, these tools are designed to set minimums.
6. These challenge exams should be used with a larger test group for validation and standardization.

STUDENT
CLINICAL LABORATORY CHALLENGE EXAM PACKET
FOR
NURSING II

PEDIATRIC NURSING

OBSTETRIC NURSING

GERIATRIC NURSING

INTRODUCTION

This challenge exam has been developed for those of you with previous experience in obstetrical, pediatric and geriatric nursing. In order to successfully complete this exam, you must meet terminal clinical objectives of the course being challenged. The method to test mastery of these objectives is included in this packet.

This packet refers only to clinical challenge: to challenge theory, you must make arrangements through your instructor.

Criteria necessary to begin this challenge includes successful completion of previous nursing course. If you have past education or work experience in obstetric, pediatric or geriatric nursing, you may challenge any one or all of these areas.

Students who do not successfully complete the challenge exam must meet the clinical objectives in the same manner as other students.

Directions for each exam are contained with the materials for that clinical area. The appendices contain all materials which are used in more than one area.

Each of the three clinical exams have two or more parts. Students must pass all parts of the exam. Failure on any part terminates that area's exam. Only one opportunity will be given for each part.

The instructor evaluating you will be familiar with the packet and will follow instructor's guide, insuring equality in testing.

You will note on Performance Evaluation instruments that satisfactory completion level is indicated by specific numbers or letters or items are set in italics.

PEDIATRIC CLINICAL
CHALLENGE EXAM PACKET

INSTRUCTIONS FOR TESTORS

(A copy of this is provided to students)

GENERAL NOTE TO TESTORS

The testor (instructor) should intervene in patient care only when safety matters are concerned.

GIVING CARE TO A PEDIATRIC PATIENT

INSTRUCTIONS TO THE TESTOR

After the student has been introduced to the staff members, given a brief tour of the facility and chosen the patient with the instructor, no directions from the testor should be given. Questions about location of supplies or agency policy may be answered. The testor should be careful not to cue student in giving patient care. No cues should be given for DDST administration or scoring.

PEDIATRIC CLINICAL LAB CHALLENGE EXAM

METHOD

By prearrangement between faculty and student: student will plan two to three days for this experience. This would include:

(Day 1) Thursday 1:00 PM - 5:30 PM

(Day 2) Friday 7:00 AM - Noon

- and possibly -

(Day 3) Monday 7:00 AM - Noon

Student is to wear college uniform and name pin. Cap is not necessary. Bring pen, paper and any books you consider necessary for reference.

Come to _____ hospital lobby at 12:55. You will be met and escorted to the Pediatric Unit.

DAY 1 ACTIVITIES

1. Introduction of student to key staff members by faculty.
2. Brief tour of unit by faculty.
3. Assigned patient by faculty.
4. Administer DDST to assigned patient.
5. Begin to gather information for Nursing Care Plan and for nursing care to begin the next day. (You will find this in the Appendix.)
6. You will leave unit at a time mutually agreed upon by student and faculty member.

DAY 2 ACTIVITIES

1. At 7:00 AM obtain report on your patient from team leader.
2. Show care plan to faculty member.
3. Begin care using care plan and according to guidelines on Giving Care to a Pediatric Patient Performance Evaluation Checklist.
4. Attend post conference.

After post conference, you and the instructor will decide if an additional day is necessary.

PEDIATRIC CLINICAL LAB CHALLENGE EXAM OBJECTIVES

OVERALL OBJECTIVES:

The student will meet the pediatric clinical laboratory objectives in a specific time frame, mutually decided by student and faculty.

SPECIFIC OBJECTIVES:

1. A. The student will evaluate the developmental level of a child under six, using the Denver Developmental Screening Test: Summary and Supplemental Information Form.

- OR -

- B. The student will evaluate the developmental level of a child over six or an adolescent using the required form and the Denver Developmental Screening Test: Summary and Supplemental Information Form.
2. The student will construct a written nursing care plan on Nursing II Nursing Care Plan form for a pediatric patient chosen by the faculty. If nursing care plan prescribes patient or family teaching, it will meet criteria specified on Teaching Learning Performance Evaluation.
3. The student will care for a pediatric patient, using self constructed nursing care plan demonstrating activities included on "Giving Care to a Pediatric Patient" performance evaluation tool. If Nursing Care Plan includes IV fluids, student will meet criteria specified on IV Fluids Performance Evaluation.
4. Given 10 questions posed by the faculty, based on "Pediatric Question Topics," the student will verbally answer with 80% accuracy.
5. The student will participate orally in a post-conference session -
 - (1) Describing patient, care given and results.
 - (2) Identifying and discussing #16 of Pediatric Clinical Lab Objectives.
 - (3) Discusses family interactions observed with special reference to the following Overall Objectives:

PEDIATRIC CLINICAL LAB - CHALLENGE EXAM OBJECTIVES - (Cont'd)

- (a) Having read and discussed the more common individual and family reactions to selected stressors, applies this knowledge to real nursing situations.
- (b) Identifies ways in which religious and cultural influences of the ethnic groups of Arizona influence the family in its concept of wellness and health care and assesses these influences with selected patients and families.
- (c) Having read and discussed generalized individual and family reactions to the stress of physical illness, hospitalization, surgical intervention, applies this knowledge to specific real situations by preparing or maintaining written and verbal nursing care plans for specific patients.

PEDIATRIC CLINICAL LABORATORY OBJECTIVES

The student will:

1. Evaluate the developmental level of a child under six years using the Denver Developmental Screening Test and accompanying data form.
2. Prepare, use and evaluate a nursing care plan for a pediatric patient, using Nursing II care plan form and guidelines.
3. Gather pertinent information about patient from cardex, medex, chart, staff, family, patient, and other resources and demonstrate use of the information in patient care; (e.g., patient refuses to eat hospital food; student has learned patient eats only vegetarian foods; student shares information with team leader and dietary department).
4. Demonstrate ability to adapt methods of observation and assessment to pediatric patients by charting pertinent data, discussing pertinent data in post conference, reporting significant data and charting care given; (e.g., listlessness in a nine-month-old child who has been active and responsive earlier in the day).
5. Use tools and tasks of individual child to plan, give, and evaluate nursing care (refer to tools and tasks in Nursing II Syllabus, Unit I).
6. Communicate effectively with children and families in most routine situations, (e.g., offer reality reassurance, recognize and record/report information that relates to present/past illnesses or hospital experiences, using terms parents and child understand).
7. Adapt nursing techniques to meet special needs of children based on the child's developmental level, and demonstrate this in writing on Nursing Care Plan.
8. Adapt nursing techniques to meet child's needs based on medical or surgical problem and child's physiologic state, and show this in writing on Nursing Care Plan.
9. Utilize at least two health team members by appropriate written and/or oral contact with them (e.g., student must give medication to patient; no information on drugs is in any text on this unit, student calls pharmacist).
10. Accurately prepare and administer medications to pediatric patients according to Nursing II medication guidelines.

PEDIATRIC CLINICAL LABORATORY OBJECTIVES - (Cont'd)

11. A. Administer an oral medication to a child under five years in a manner appropriate to the child's developmental level (e.g., use positive approach vs. "Do you want to take your medicine now?").

- OR -

- B. Obtain the cooperation of a child under five in a necessary treatment or activity in a manner appropriate to the child's developmental level.
12. Use medical aseptic technique, isolation technique, and surgical asepsis, according to agency procedures or skills lab guidelines.
13. Identify and discuss orally the philosophy and policies of the pediatric unit and staff in post conference.
14. Admit a patient and family to the unit and obtain information required by that pediatric unit, dependent on availability of patients.

PEDIATRICS

SELF STUDY MATERIALS

1. Self Study Guide for Administration of Medications.
2. Trainex on Preparing Child for Treatments and Procedures.
3. Coffin, Margaret, Nursing Observation of the Young Patient, Chapter 3.
4. Denver Developmental Test Descriptive Packet.
5. Suggested reading on growth and development, signs and characteristics of illness in children and adolescents from any one of the following, or selected books of your choice.
 - A. Blake, et al Nursing Care of Children, 1971
 - B. Marlow, Pediatric Nursing, 1972
 - C. Barber-Stokes-Billings, Adult and Child Care: A Client Approach to Nursing, 1973

GUIDELINES FOR ADMINISTRATION
OF THE
DENVER DEVELOPMENTAL SCREENING TEST

1. Read pages 1 through 14 of the Denver Developmental Screening Test Manual, Revised 1970 Edition.
2. Note the descriptions of Personal-Social, Fine Motor-Adaptive Language, and Gross Motor Behaviors.
3. Make a note of any questions you have regarding how to calculate age, administer test, score test.
4. In some settings, you will not have the Standard Test Kit. All testing items can be substituted in the settings where you will be tested.
5. Clarify any points you don't understand with faculty before you administer test.

THE DENVER DEVELOPMENTAL SCREENING TEST

DESCRIPTION

This test is in wide use in hospitals, nurseries and pre-school programs. It is a one-page gross screening device to identify problems in development of the individual child. Two distinct advantages are:

- (1) It is easily administered by adults after a brief orientation period
- (2) It covers the four major fields of behavior in children aged + one month to six years

You may obtain copies of the testing form in Skills laboratory or in hospital laboratory.

PERFORMANCE EVALUATION FOR DDST ADMINISTRATION

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
1. Uses DDST Form				
2. Tests a child who is within 1 day to 6 years of age - OR - Tests a child who is chronologically over 6 years who exhibits slow development				
3. Calculates age correctly for current date				
4. Draws vertical line to indicate age on form				
5. Fills in top 4 heading of form (3 of 4 acceptable)				
6. Introduces self to child				
7. Administers test at appropriate* time in an appropriate* place				
8. Brings all necessary equipment to testing area selected before beginning test				
9. Tests child on all items bisected by vertical lines				
10. Tests child on items one inch to left and right of vertical lines				
11. Uses "P" and "F" notations appropriately on form (100%)				
12. Uses "R&O" notations appropriately (80%)				
13. Interrupts or stops test administration, if appropriate* (100%)				
14. Brings significant findings to attention of charge nurse/physician.				

*NA Not Applicable

PERFORMANCE EVALUATION FOR DDST ADMINISTRATION

(CONT'D)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
15. <i>Completes all items on DDST: summary and supplemental information form</i>				
16. <i>Returns completed DDST form and DDST summary and supplemental information form to instructor within 3 days of test administration</i>				
<i>* Guidelines for "appropriateness" will be found in test instructions</i>				

DENVER DEVELOPMENTAL SCREENING TEST:
SUMMARY AND SUPPLEMENTAL INFORMATION

- 1.a. Date _____ 1.b. Student's Name _____
2. First name of child _____
3. Age of child (using DDST formula) _____
4. Child's diagnosis _____
5. Day of hospitalization _____
6. Describe circumstances under which test was given _____

7. What is your evaluation of the developmental level of the child tested in each of the following areas:
- a. Personal-Social _____
 - b. Fine-motor-adaptive _____
 - c. Language _____
 - d. Gross motor _____
8. What is your overall evaluation of the developmental level of the child tested?

9. How would you expect this child to rate on the DDST at home?

- When he/she is well? _____
- Why? _____

10. Additional comments: _____

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

<i>(Items in italics are essential)</i>		YES	NO	*NA	COMMENTS
I. INTRODUCTORY/PLANNING & COMMUNICATION PERIOD <i>(Items in Italics essential + 1 more)</i>					
A.	<i>Introduces or reintroduces self to child and/or parents</i>				
B.	<i>Modifies nursing care plan based on patient condition/new information</i>				
C.	<i>Omits nursing actions on NCP not appropriate at this time</i>				
D.	<i>Talks with child in language to which he/she responds with understanding consistent with developmental level</i>				
E.	<i>Discovers child's present interest/concerns</i>				
F.	<i>Meets child's present interest/concerns</i>				
G.	<i>Discusses treatment activities of morning with child</i>				
H.	<i>Discusses treatment activities of morning with parents, if present</i>				
I.	<i>Meets parents' present interests/concerns</i>				
J.	<i>Talks with parents in language they understand</i>				
II. ASSESSMENT AND ACTION PERIOD					
<i>(Success level:)</i>					
<i>Child + 6 - #1,2,3,8,9,10 or 11</i>					
<i>(6 of 7)</i>					
<i>Child + 6 - #1,4,5,6,7,8,9,10 or 11</i>					
<i>(8 of 9)</i>					
A.	Personal Hygiene (Mouth & Skin Care)				
1.	<i>Gives, or assists with mouth care for children with full baby teeth or secondary teeth</i>				
2.	<i>Bathes children under 6 years in tub or sink, depending on child's size</i>				

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>Items in italics are essential</i>					YES	NO	*NA	COMMENTS
3. <i>Encourages child to assist with bath according to motor skills previously established on DDST</i>								
4. <i>Provides children and adolescents over 6 years with bath materials and clean clothes, and assists them in filling tub or adjusting shower to comfortable temperature</i>								
5. <i>Asks child/adolescent if he/she wants privacy</i>								
6. <i>Remains with child over 6 and/or adolescent, if child's physical condition requires this, or if child requests this</i>								
7. <i>Remains in room outside bathroom until child over 6 or adolescent is finished with bath/shower and has left bathroom, and informs child/adolescent nurse will do this</i>								
8. <i>Omits bath/shower if warranted by child's physical/emotional condition</i>								
9. <i>Demonstrates use of time by assembling all materials for bath/shower and change of clothes prior to beginning bath/shower</i>								
10. <i>Demonstrates safety considerations by assembling all materials for bath/shower and change of clothes prior to beginning bath/shower</i>								
11. <i>Gives bed-bath according to Skills lab guidelines or agency guidelines</i>								
B. <u>Personal Hygiene (Elimination)</u>								
<u>For Children in Diapers</u>								
<i>(All items in italics are essential)</i>								

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>Items in italics are essential</i>		YES	NO	*NA	COMMENTS
1.	<i>Removes wet or soiled diaper as soon as it is discovered</i>				
2.	<i>Washes lower abdomen, genitalia, thighs and buttocks with water</i>				
3.	<i>Removes soap by rinsing, if soap is used</i>				
4.	<i>Drys genitalia and buttocks -applies lotion or A & D Ointment, as necessary</i>				
5.	<i>Rash on lower abdomen, thighs, genitalia and buttocks reported to team leader and included in nurses notes</i>				
6.	<i>Applies clean diaper, according to Skills Lab procedure</i>				
III. <u>NUTRITION (FOOD & FLUIDS)</u>					
A.	<i>For children 9 months to 3 years</i> <i>(All items in italics are essential, plus one more)</i>				
1.	<i>Discovers what child can feed self</i>				
2.	<i>Nurse feeds child if child cannot feed self</i>				
3.	<i>Nurse feeds child: (Must do 5 of 7)</i>				
3.1	<i>At pace comfortable for child</i>				
3.2	<i>Amounts child can handle one at a time</i>				
3.3	<i>Alternates bites or spoonful of different foods</i>				
3.4	<i>Talks with/to child while feeding him/her</i>				
3.5	<i>Permits child to feed self, items he/she can handle</i>				
3.6	<i>Replaces food with equivalent substitute to encourage adequate food intake</i>				
3.7	<i>Uses spoon or fork in relation to food</i>				

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>items in italics are essential</i>	YES	NO	*NA	COMMENTS
4. <i>If child feeds self: (3 of 6)</i>				
4.1 <i>Nurse provides spoon of proper size for hand</i>				
4.2 <i>Nurse provides fork of proper size for hand (if child can use it)</i>				
4.3 <i>Nurse cuts food into bite size pieces, as necessary</i>				
4.4 <i>Nurse offers help based on child's five motor adaptive ability, previously established by DDST</i>				
4.5 <i>Nurse offers help/modifies feeding technique to meet skill regression of child</i>				
4.6 <i>Nurse talks with child while he is eating</i>				
5. <i>Regular nipple used on bottle of milk or other fluid, if bottle is used</i>				
6. <i>If preemie nipple is used, student can state physiologic reasons for use of this type of nipple</i>				
7. <i>If child is in high chair, strap is secured, tray locked in place</i>				
8. <i>Student can describe amount and kind of food and fluid consumed</i>				
9. <i>Food and tray are removed at conclusion of feeding</i>				
B. <i>Children 3 years through adolescence</i> <i>(All items in italics are essential, plus 2 more)</i>				
1. <i>Nurse provides child with food and necessary silverware</i>				

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
2. Nurse makes equivalent substitutes to encourage adequate food intake				
3. <i>Nurse talks with child during meal in a social manner</i>				
4. Nurse offers help to child under six, based on five motor adaptive abilities established on DDST				
5. Nurse provides privacy during meal if child or parents request this				
6. <i>Nurse can describe amount and kind of food and fluid consumed</i>				
7. Food and tray are removed at conclusion of feeding				
C. <u>Fluids (Oral)</u>				
<i>(All items in italics are essential, plus 1 more)</i>				
1. <i>Nurse determines amount of fluids necessary to child's physiologic state:</i>				
1.1 <i>Checks physician order sheet for fluid orders, amounts and kind per 8 or 24 hour period</i>				
1.2 <i>Counts usual amount of sleep in hours during 24 hour period from nurses' notes in chart</i>				
1.3 <i>From 1.1 and 1.2, estimates fluids necessary to physiologic state during waking hours</i>				
1.4 <i>Estimates fluids provided with meal tray based on diet order for 24 hour period</i>				
1.5 <i>Provides amount of fluids for age (use text)</i>				

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

(All items in italics are essential)	YES	NO	*NA	COMMENTS
1.6 <i>Provides amount of fluids required and/or limited by physical condition for 3-hour child care period, based on Items 1.3, 1.4, and 1.5</i>				
2. Nurse provides milk, permitted juices, carbonated or other beverages to child on request unless contraindicated medically				
3. <i>Nurse provides ordered formula for child on schedule for age</i>				
4. Nurse provides popsicles and/or ice cream to increase fluid intake unless contraindicated medically				
5. <i>Nurse offers permitted kind and amount of fluids at hourly intervals during morning</i>				
6. Nurse offers fluids based on child's preference				
7. <i>Nurse offers fluids based on child's medical, surgical condition</i>				
D. Other Activities (All items in italics are essential, plus 2 more)				
1. Takes vital signs:				
1.1 <i>Pulse accurate $\pm$ 3 beats/minute</i>				
1.2 <i>Respiration accurate $\pm$ 6 respiration/minute</i>				
1.3 <i>Temperature accurate $\pm$ 2/10 degree, standard thermometer</i>				
1.4 <i>Temperature accurate 100% electronic thermometer</i> -or- <i>Oral, rectal, axillary temperature taken, depending on child's age, ability and condition</i>				

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>(All items in italics are essential)</i>					YES	NO	*NA	COMMENTS
1.5 B/P accurate $\pm$ 4mm. mercury systolic; 6mm. mercury diastolic								
1.6 Uses B/P cuff of proper size for age and arm circumference								
2. Reports and records abnormalities in vital signs within 15 minutes of findings								
3. Performs treatments according to agency procedure book or Skills lab guidelines								
4. Provides for periods of rest								
5. Maintains silence with child appropriately								
6. Maintains silence with parents appropriately								
7. Gives medicine to child using Medication Administration Performance Evaluation								
8. Charts medicine given on agency forms, according to agency procedure								
9. Checks for effect of medicine/treatment on patient within 30-45 minutes of administration								
10. Care reflects evaluation of developmental status, as determined by the DDST or other test								

GIVING CARE TO A PEDIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
E. <u>Reporting and Recording</u> <i>(All items in italics are essential)</i>				
1. <i>Records on nurses notes chart, according to agency procedures:</i>				
1.1 <i>Care given</i>				
1.2 <i>Child's physical status</i>				
1.3 <i>Child's behavior</i>				
1.4 <i>Food and fluid intake - amount and kind</i>				
1.5 <i>Urine output expressed in number of times or measured amounts</i>				
1.6 <i>Stools: amount and description</i>				
1.7 <i>Accurate intake and output, if ordered or agency policy</i>				
1.8 <i>Signs note</i>				
2. <i>Gives brief verbal report to team leader on Items 1.1 through 1.7 before leaving unit</i>				

"PEDIATRIC QUESTION TOPICS"

LIST OF SPECIFIC NURSING ACTIONS FOR PEDIATRICS (2 months through 18 years)

1. Providing for emotional support
2. Fluids administration, oral and IV
3. Range of motion, active and passive
4. Positioning
5. Nose and throat culture
6. Collection of urine specimen (unsterile and clean catch)
7. Hygiene measures (bath, bed-changing, mouth care, grooming)
8. Providing for periods of activity and rest
9. Providing for developmental environmental stimulation through environment.
10. Feeding
11. Administration of O₂
12. Vaporization, humidification of air
13. Giving an enema
14. Taking vital signs
15. Clinitest and acetest
16. Giving an oral medication
17. Giving an IM or subcutaneous injection
18. Giving a rectal suppository

QUESTION TOPICS

1. Modification of specific nursing actions for different age groups.
2. Providing diversional activities for children of age group different than patient.

"PEDIATRIC QUESTION TOPICS" - (Cont'd)

QUESTION TOPICS - (Cont'd)

3. How to explain a common procedure, such as collection of a nonsterile urine specimen to a child old enough to cooperate and to parents of children.
4. Nursing observation, assessment and communication directed toward planning nursing actions for a child using child and parents as sources of information. (Age of child to be specified by faculty.)
5. Modification of specific nursing actions for a child at different points in illness (e.g., acute phase, late convalescent phase).
6. Modifications of specific nursing actions for children of different sexes when cared for by a male nurse or a female nurse.
7. How and why to modify specific nursing actions that would be used with an adult (any nursing action used in first nursing course).

OB CLINICAL

CHALLENGE EXAM PACKET

PART I - CARE OF THE NEWBORN

PART II - CARE OF A WOMAN DURING
PREGNANCY, LABOR,
DELIVERY AND POST-PARTUM

INSTRUCTIONS FOR TESTORS

(A copy of this is provided to students)

GENERAL NOTE TO TESTORS

The testor (instructor) should intervene in patient care only when safety matters are concerned.

OBSTETRICS

PreNatal

Written assignment will be handed in on/by third day after the experience. The student will be asked to verify having completed the time in the experience. If there is any doubt in the instructor's mind, she/he will call the institution where the experience was assigned to check on the student's attendance.

Care of Patient in Labor and Delivery

Test will begin after student has changed into scrub dress/suit and is shown to the labor and delivery suite. No further instructions are to be given. Student questions regarding unit policies and location of supplies may be answered. Patient selected for this test should not have any problems which would require knowledge above that being tested. Student is not expected to make correlations beyond the material being tested.

Care of Patient in Post Delivery Recovery Room

Time permitting, students should care for the same person in the recovery room as in labor and delivery. If not, a patient as similar as possible should be chosen. Students are not to give any medications. After they are shown to the area, no further directions are to be given. Student questions relating to policies and location of equipment may be answered. Charting format also may be discussed without penalty.

Giving Care to a Patient on Post Partum

When possible, student should be assigned to same patient cared for in labor and delivery. After orientation to unit and report from Team Leader, student is to receive no further instructions. Questions regarding location of materials and charting may be answered. Medications given will be checked on the Giving Medications Guidelines.

PART I - CARE OF THE NEWBORN

I. OBJECTIVES

The student will meet all clinical objectives on care of the newborn, except 3 and 4. To fulfill this objective, the learner will complete the objectives by:

- A. Admitting a newborn to the nursery, using appended procedures accurately, and discussing the rationale for these procedures with the instructor.
- B. Responding orally to 80% of ten questions asked by the instructor, relating to care and characteristics of the newborn.

II. METHOD

The student will come to the newborn nursery at the clinical facility at the designated time prepared to admit a newborn from the delivery room to the transitional nursery. The student will admit the newborn following the admission procedure. This includes Numbers 1 through 8 on the Routine Orders attachment.

These procedures will be graded according to the Newborn Admission Performance Evaluation Checklist.

The student will also be asked to identify and describe characteristics of newborns and nursing care given to newborns. These questions will be based on Objectives 1, 3, 6, 9, and 12, taken from the list of topics.

- III. SUCCESSFUL COMPLETION of Part I of the OB Challenge Exam requires passing both the admission procedure and satisfactorily responding to the questions.

All items on the Admission Checklist must be successfully completed. The minimum acceptable score for each item is printed on the checklist.

Eighty percent (80%) accuracy is the minimum passing score for the responses to the questions.

IV. SELF STUDY MATERIALS

- A. Self Study materials pertinent to this area include:
 - 1. Transitional Nursery Admission Procedure
 - 2. Transitional Nursery Flow Sheet (Nurses Notes)

3. Dubowitz Test for Gestational Age
4. Self Study Guide for the Administration of Medications
5. Concept Media on Characteristics of a Normal Newborn (in Skills Lab)
6. Trainex on Passing a Nasogastric Tube (in Skills Lab)

B. Suggested reading material would include chapters relating to the Characteristics and Nursing Care of the Newborn from any of the following sources:

1. Clausen, et al. Maternity Nursing Today
2. Fitzpatrick. Obstetrics for Nurses
3. Blake. Nursing Care of Children
4. Moore. The Nurse and the Newborn
5. Marlow. Pediatric Nursing

ROUTINE ORDERS
FOR ALL NEWBORNS
ADMITTED TO THE HOSPITAL TRANSITIONAL NURSERY

1. Place in warmer and attach monitor chest leads and rectal/skin temperature probe.
2. Nurse to record vital measurements:
 - a. Weight
 - b. Length
 - c. Head circumference
 - d. Chest circumference
3. Examine baby for abnormalities:
 - a. Respiratory distress
 - b. Heart murmur
 - c. Cyanosis
 - d. Signs of infection
 - e. Fractured clavicles
 - f. Congenital hip
 - g. Cleft lip or palate
4. Examine baby for anomalies:
 - a. Pass catheter through both nostrils and into stomach, aspirating stomach contents
 - b. Count vessels in cord
 - c. Confirm patency of the rectum
5. Examine baby and determine if appropriate for gestational age:
 - a. Dubowitz exam
 - b. Plot on Colorado Growth Graph
6. Record vital signs q 30 minutes X 3; then 1 hour X 4
 - a. Rectal/skin temperature
 - b. Respiratory status and rate
 - c. Activity level
 - d. Tone

MAINTAIN TRANSITIONAL NURSERY FLOW SHEET

7. Aqua Mephyton 1 mg. IM in anterior thigh upon admission.
8. Aspirate stomach contents; notify House Officer if greater than 14cc, and send slides to Lab for Polys on all babies at risk for:
 - a. Intra-uterine infection:
 - (1) Mother recently febrile or treated for any infection
 - (2) Premature rupture of membranes more than 24 hours
 - (3) Foul-smelling amniotic fluid

- b. SGA babies
- c. Meconium staining of amniotic fluid
- d. Prolonged 2nd stage of labor - more than 2 hours
- e. All C-Section babies
- f. Walk-in mothers - Twins

9. Dextrostix glucose determinations q 1 hr. X 4 on all infants that are:

- a. SGA
- b. LGA
- c. Premature less than 2300 gms.
- d. Infant of diabetic mother
- e. Eclamptic mother
- f. Postmature and plethoric
- g. Jittery
- h. Cyanotic
- i. Lethargic

If Dextrostix less than 25 mg.%, order STAT blood glucose from clinical lab and notify House Officer at time sample sent and of the lab results.

10. Heelstick Hct. to be performed on all infants that:

- a. Had history of intra-partum bleeding
- b. Are premature less than 2300 gms. (5 lbs.)
- c. Are LGA
- d. Infant of diabetic mother
- e. SGA
- f. Postmature more than 42 weeks
- g. Twins
- h. Infants of toxemic mothers

If Hct. (heelstick) is more than 65 or less than 50, order STAT Hct. and Hgb. from lab and notify House Officer of results if Hct. more than 60 or less than 50%.

11. Total Serum Proteins are to be determined (from plasma portion of Hct. tube) in all infants who:

- a. Have Rh Neg mothers
- b. Have visible bruising
- c. Show any signs of respiratory distress
- d. Weigh less than 2500 gms. (5 lbs. 8 oz.)

If TSP less than 5.5 gms.%, notify House Officer.

12. Withhold initial bath until skin/core temperature is more than 36 degrees C/ 96.8F. for a minimum of 30 minutes (usually around the fourth hour).

13. Several sips of sterile water to be offered as first feeding followed immediately with 5% glucose - 4-6 hours of age. Record any complications.

14. At conclusion of 6 hour transitional period, summarize important observations and declare the child either:

- a. Healthy
- b. Questionable
- c. Definitely abnormal

Transfer child to regular nursery if healthy, and contact responsible physician if either questionable or definitely abnormal.

15. Notify responsible physician immediately if pathology posing an immediate threat to the infant is noted.

DUBOWITZ TEST FOR GESTATIONAL AGE

I. OBJECTIVE

The student will administer the Dubowitz Test to a newborn selected by the faculty and will choose categories within one of those chosen by faculty.

II. METHOD

Having become familiar with the materials of the Dubowitz Test, the student will administer the test to a faculty-selected newborn.

III. SUCCESSFULL COMPLETION

This assignment requires 80% accuracy on each of the two pages.

An answer will be considered correct if it is within one box of the answer chosen by the instructor:

Example:

Square window 0 1 2 3 4

If instructor assigns the newborn a "2"
the student will be considered correct
with a "1", "2", or "3".

DUBOWITZ TEST FOR GESTATIONAL AGE

DESCRIPTION

The Dubowitz Test involves testing and scoring the newborn on neurological criteria to assess gestational age. Materials describing the test can be found in the Skills laboratory and in the newborn nursery.

Additional reference: Dubowitz, L.M.S., Dubowitz, Vi and Goldberg, C.; J. Pediatrics 77:1, 1970.

STATEMENT OF TOPICS

1. Physical characteristics of newborns.
2. Reflexes of newborns.
3. Differences in levels of newborn activity, based on maternal analgesia or anesthesia.
4. Nursing actions for:
 - A. Difficult respirations
 - B. Jitteriness
 - C. Lethargy
5. Describe normal stools of newborn.
6. Describe the cry of a normal newborn.
7. Describe nursing care given during the newborn's first few days of life.
8. Describe feeding principles applicable to newborns.
9. Describe characteristics of premature newborns as they differ from "normal" newborns.
10. Describe the following and their influence on nursing care:
 - A. Hyperkinemia
 - B. Phenylketonuria (PKU)
 - C. Coombs Tests
 - D. Phototherapy
11. Describe nursing care for high risk newborns.
12. Describe newborn's need for psychosocial stimulation.

NEWBORN ADMISSION
PERFORMANCE EVALUATION CHECKLIST

INSTRUCTIONS FOR TESTOR:

Test will begin after student has changed into scrub dress/suit and is shown to transitional nursery. No further instructions will be given. Questions may be answered regarding location of materials. Baby selected should not have any problems requiring knowledge above that being tested. Student is not expected to make correlations beyond the material being tested.

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
I. DEMONSTRATES PRINCIPLES OF ASEPSIS <i>(2 of 3)</i>				
A. Scrubs or asks about procedure upon entrance to unit.				
B. Washes hands appropriately during procedures.				
C. Recognizes clean and dirty items during procedure (eg-scale).				
II. WEIGHS BABY ACCURATELY AND SAFELY <i>(3 of 3)</i>				
A. Handles baby safely while unwrapping				
B. Weighs baby accurately				
C. Takes safety precautions while baby is on scale				
III. GROSSLY EXAMINES NEWBORN PRIOR TO BEGINNING THE ADMISSION <i>(A and B and 2 more)</i>				
A. Checks respiration for signs of distress.				
B. Checks clamp for oozing				
C. Checks cord for number of vessels				
D. Observes baby for gross anomalies				
E. Observes baby's level of activity				
IV. TAKES VITAL SIGNS ACCURATELY AND IN AN AGE-RELATED MANNER <i>(3 of 3)</i>				
A. Takes temp rectally and obtains same value as instructor				
B. Takes pulse apically and obtains reading within 10 of instructor				
C. Takes respirations accurately, obtaining reading within 5 of instructor				
V. COMPARES VITAL SIGNS TO NORMAL VALUES <i>(3 of 3)</i>				
A. States normal temp range for newborn				
B. States normal pulse for a newborn				
C. States normal respiratory rate for newborn				

NEWBORN ADMISSION
PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
VI. MEASURES BABY'S LENGTH, HEAD AND CHEST ACCURATELY (3 of 3)				
A. Measures head circumference within 1 cm of instructor				
B. Measures chest circumference within 1 cm of instructor				
C. Measures length within 1" of instructor				
VII. INSERTS NASOGASTRIC TUBE THROUGH NOSTRILS AND MOUTH USING TECHNIQUE AS DEMONSTRATED IN TRAINEX (A and B and 1 more)				
A. Measures length of tube to be inserted				
B. Checks location of tube by one of three acceptable methods (on Trainex)				
C. Aspirates, using Trainex technique				
D. States rationale for aspiration of stomach contents				
VIII. GIVES INTRAMUSCULAR INJECTION OF VITAMIN K, USING SELF STUDY GUIDE (3 of 3)				
A. Prepares correct dosage and checks label according to medical guide				
B. Draws medication into syringe, using technique on medical guide				
C. Gives the injection in the proper site and using proper technique				
IX. ADMINISTERS THE DUBOWITZ TEST FOR GESTATIONAL AGE APPROPRIATELY & ACCURATELY (3 of 3)				
A. Checks baby's condition prior to and during administration				
B. Checks appropriate response on checklist within one hour of instructor with 80% accuracy on each page				
C. Handles baby safely while administering test				

(Cont'd)

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PART II. CARE OF A WOMAN DURING PREGNANCY LABOR, DELIVERY AND POST PARTUM

I. OBJECTIVES

The student will meet all the clinical objectives for the Pre-Natal Experience, Nursing Care of the Woman in Labor and Delivery, Nursing Care of the Woman During Post Partum, and Objectives 3 and 4 on Care of the Newborn. The learner will fulfill this objective by:

- A. Attending a prenatal clinic (private or public) of his/her choice, with faculty approval, describing in writing the topics on PreNatal Experience Checklist.
- B. Assessing the needs of a woman in labor and delivery, using the Patient Problems Analysis.
- C. Giving basic care to a woman in labor and delivery, according to the Labor and Delivery Performance Checklist.
- D. Caring for this woman in the Recovery Room, according to the Recovery Room Performance Checklist.
- E. Constructing a Nursing Care Plan for this woman (currently in labor) to be used the following day on post partum.
- F. Caring for the woman on post partum using the constructed nursing care plan, demonstrating activities included on the "Giving Care to a Post Partum Patient" Performance Checklist. If the care plan prescribes teaching, this must meet criteria on Teaching-Learning Activity Plan and Checklist.
- G. Verbally answering eight (8) of ten (10) questions correctly, based on "Care of Woman in Pregnancy Cycle Question Topics" posed by instructor.

II. METHOD

The student, together with instructor, will decide where and when the prenatal experience will take place. By 3 days after the experience, the student will hand in a written report. This report will be graded according to the PreNatal Experience Checklist.

The student will come to the clinical facility at the designated time prepared to care for a woman during her labor, delivery and recovery periods. During this time the student will assess the patient's needs using the Patient Adaption to Environment and construct a Nursing Care Plan for this patient to be used on post partum unit. All actions (nursing care and written work) will be judged by the pertinent checklists.

The student will be evaluated using the Fluid Checklist if the patient has an I.V. The guideline is in the Appendix.

The student will return to the clinical facility the following day at the designated time to care for the patient on the post partum unit. At this time the student will meet Care of the Newborn Objectives 3 and 4, as well as the post partum objectives. The student's performance will be evaluated using the "Giving Care to a Post Partum Patient Performance Checklist." Teaching will be evaluated using the "Teaching-Learning Performance Checklist". The Teaching-Learning Guide is in the Appendix.

During the two days in the clinical setting the student will be asked fifteen (15) questions. These questions will be taken from the Care of the Woman During the Pregnancy Cycle Question Topics. Five questions will relate to the Pregnant Woman, five will relate to The Woman During Labor, Delivery and Recovery, and five will relate to the Woman on the Post Partum Unit.

III. SUCCESSFUL COMPLETION

Successful completion of Part II of the OB Challenge Exam requires a passing score on all checklists and satisfactorily responding to the questions. Twelve of the fifteen questions asked must be verbally answered correctly (80%).

Each item of the checklist must be answered correctly. The minimum acceptable score for each item is printed on the checklist.

IV. SELF STUDY MATERIALS

A. Self study materials pertinent to this area include:

1. Slide-tape presentation "Tomorrow Happens Today" (in Skills Lab).
2. Review Anatomy and Physiology of the Reproductive System.
3. Filmstrips on vaginal deliveries (in Skills Lab).
4. Trainex on Bathing and Feeding Newborns, Breastfeeding, Post Partum Care.

B. Suggested reading would include chapters relating to care of a patient, during pregnancy, labor and delivery, recovery and post partum, as well as the physiology of these events from any of the following sources:

Clausen, et al	<u>Maternity Nursing Today</u>
Fitzpatrick	<u>Obstetrics for Nurses</u>
Van Blarcom	<u>Obstetrics for Nurses</u>

OBJECTIVES FOR PRENATAL EXPERIENCE

INTRODUCTION

It is important for the nurse to understand the anatomical, physiological, embryological and psychological changes of pregnancy. Since these changes start with conception, they point to the importance of early prenatal care and the continuity of care throughout the pregnancy.

Adequate health guidance and counseling by the health team in the period of pregnancy contributes greatly to the preservation of life and health of future mothers and children.

Early prenatal care can detect and make compensation for abnormalities that appear unimportant or do not hamper the woman in a non-pregnant state, but that can become serious and can cause disease or even death for this woman during pregnancy.

Interviews and examinations during pregnancy should center on the month by month changes that are taking place in the woman, to help her understand them, individually, and take steps to remain healthy and comfortable in spite of the discomforts involved.

The most important thing to remember in assisting a pregnant woman is to keep open the lines of communication and help the patient to express fully whatever thoughts and feelings are bothering her.

All nurses must understand the normal physiological and emotional changes that occur in pregnancy and be able to adapt this knowledge to each pregnant woman with whom they come in contact.

OBJECTIVES

1. To demonstrate communicative skills through written interactions.
2. To ascertain any psychological aspects that might be culturally inspired or family-connected, and list these in the written interactions.
3. To list the procedures carried out for each expectant mother and the purpose of each procedure in terms of benefits to mother and baby.
4. To discuss the importance of prenatal care as a way of insuring a reasonably healthy mother and baby.
5. To identify the approach of the nursing staff toward the patient and vice versa and state, in writing, the therapeutic approach you would have used had the patient been assigned to you, supporting these statements with rationale or principles.

CLINICAL OBJECTIVES

OBSTETRICS

NURSING CARE OF THE WOMAN IN LABOR AND DELIVERY

Given a patient in labor, the student will:

1. Describe the behavioral characteristics and physiological changes taking place.
2. Describe the nursing care given during labor.
3. Identify the need for and provide health teaching to mother and significant others.
4. Take and report vital signs.
5. Time length, intensity, and frequency of contractions and report to instructor and staff.
6. Provide for comfort and safety of mother, fetus, and members of family present, using appropriate techniques.

Given a patient in delivery room, the student will:

1. Observe the delivery of a baby.
2. Demonstrate knowledge of sterile technique.
3. Describe delivery room experience in post conference.

Given a patient in the Post Delivery Recovery Room, the student will:

1. Take vital signs.
2. Check consistency and location of fundus.
3. Check vaginal discharge - color, amount and odor.
4. Check perineum - color, hematoma, edema.
5. Check for signs of bladder distention with appropriate nursing intervention.
6. Care for patient receiving I.V. fluids, according to I.V. Checklist.
7. Observe level of consciousness.
8. Meet physical needs of patient for comfort and safety.
9. Meet emotional needs of patient and/or family.
10. Record and report accurately, using Recovery Room Record.

PRENATAL

PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
I. <i>The student spends three hours in the prenatal situation agreed upon by student and instructor.</i>				
II. The student describes, in writing, the environment (facilities) observed in the setting: <i>(4 of 5)</i>				
A. Number of patients				
B. Patient's activities while waiting				
C. Facilities available in waiting area				
D. Length of time patients were in waiting area				
E. Learning opportunities present in waiting area				
III. The student describes the attitudes of a woman of her choosing toward pregnancy, labor and delivery:				
A. Includes description of patient's: 1. Age 2. Socioeconomic status 3. Family roles 4. Pregnancies				
B. Includes cultural, religious and family beliefs relating to pregnancy (2 of 3): 1. Cultural 2. Religious 3. Family				
C. Includes how these beliefs reflect in prenatal care				
IV. Having followed a patient through the prenatal exam, the student will describe:				
A. Examination given				
B. Any teaching done				
C. Role of the nurse in this setting				

PRENATAL

PERFORMANCE EVALUATION CHECKLIST

(CON'T)

<i>All items in italics are essential</i>				
	YES	NO	*NA	COMMENTS
V. <i>The student will list 5 recommendations for changes which he/she would make in prenatal care system observed.</i>				

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*NA=Not Applicable

CARE OF PATIENT IN LABOR AND DELIVERY

PERFORMANCE EVALUATION CHECKLIST

<i>Items in Italics are essential</i>	YES	NO	*NA	COMMENTS
I. DESCRIBES BEHAVIORAL CHARACTERISTICS AND PHYSIOLOGICAL CHANGES TAKING PLACE AND RELATING THEM TO PATIENT'S LABOR STATUS <i>(60% of those present)</i>				
A. Anxiety level B. Restlessness C. Transition D. Perineal/rectal pressure E. Urge to push				
II. PROVIDE FOR PHYSICAL AND PSYCHOLOGICAL COMFORT OF PATIENT BY INSTITUTING APPROPRIATE MEASURES <i>(60% of those needed)</i>				
A. Giving Encouragement B. Assisting patient with breathing technique C. Applying cool cloth to forehead D. Rubbing/pressing lower back E. Giving ice chips/cloth/fluids, as allowed F. Describing process of labor to patient G. Changing linen as needed H. Checking for bladder distention				
III. PROVIDE FOR SAFETY OF PATIENT BY INSTITUTING OR CARRYING OUT APPROPRIATE MEASURES <i>(60% of those present)</i>				
A. Taking vital signs appropriately B. Taking FHT appropriately C. Maintaining sterile technique during procedures D. Elevating siderails after medications E. Maintaining appropriate level of activity F. Reporting any changes in condition or problems immediately				

(CONT'D)

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CLINICAL OBJECTIVES

NURSING CARE OF THE PATIENT ON POST PARTUM UNIT

Given a selected patient who has recently delivered a baby, the student will:

1. Demonstrate knowledges and skills in the care of a post partum patient using self constructed nursing care plan.
2. Teach patient according to needs, defined by patient and student and using Teaching-Learning Guide.
3. Demonstrate knowledge of medical asepsis in giving nursing care.
4. Report and record appropriately.
5. Identify the abnormal based on knowledge of normal and report immediately to proper person.
6. Participate in post conferences discussions of patients and issues.
7. Demonstrate ability to organize day's activities.
8. Demonstrate knowledge of comfort and safety measures applicable to the post partum patient.
9. Demonstrate handling and fee.
10. Successfully complete checklists on Nursing Care Plan and Teaching-Learning.

CARE OF PATIENT IN POST DELIVERY RECOVERY ROOM

PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
I. TAKES VITAL SIGNS APPROPRIATELY				
A. Takes BP, P & R q.15 Min. X4				
B. Obtains results within 4 of instructor				
C. Records results on Recovery Room record				
II. CHECKS OPERATIVE SITES				
A. Checks level & position of fundus				
B. Checks consistency of fundus				
C. Checks suture lint (episiotomy)				
D. Checks amount & odor of vaginal discharge				
E. Checks perineum for anomalies				
F. Reports & records all observations				
G. Reports all deviations immediately				
III. MEETS SAFETY AND PHYSICAL NEEDS OF THE PATIENT				
A. Maintains airway				
B. Checks for bladder distention				
C. Applies ice glove when ordered				
D. Raises side rails				

CARE OF PATIENT IN POST DELIVERY RECOVERY ROOM

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
<i>E. Checks IV fluid according to IV check-list</i>				
<i>F. Maintains temperature</i>				
<i>G. Modifies nursing care to patient's condition</i>				
IV. MEETS PSYCHOLOGICAL NEEDS OF THE PATIENT				
<i>A. Orients patient to place & situation</i>				
<i>B. Participates in discussion of delivery experience with patient and/or family as needed</i>				
V. PREPARES & TRANSFERS PATIENT TO POST PARTUM UNIT				
<i>A. Records all recovery data</i>				
<i>B. Demonstrates perineal care, if patient is awake</i>				
<i>C. Gives perineal care to patient using aseptic techniques</i>				
<i>D. Reports to Post Partum Team Leader on status of patient</i>				

GIVING CARE TO PATIENT ON POST PARTUM UNIT

PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
I. Modifies nursing care identified on Nursing Care Plan to patient situation				
II. Omits actions on NCP not appropriate at this time				
III. Identifies abnormal conditions:				
A. <i>Excessive bleeding</i>				
B. <i>Foul-smelling discharge</i>				
C. <i>Bladder distention</i>				
D. <i>Boggy uterus</i>				
E. <i>High-level anxiety</i>				
IV. Reports any deviation from normal immediately				
V. Demonstrates organizational ability by completing assignment on time:				
A. <i>Explains nursing routine to patient</i>				
B. <i>Develops a plan with patient</i>				
C. Carries out devised plan				
D. Changes plan based on patient condition or situation				

GIVING CARE TO PATIENT ON POST PARTUM UNIT

PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
VI. Gives care according to NCP				
A. <i>Assists patient with shower</i>				
B. <i>Gives treatments as ordered according to hospital procedure</i>				
C. <i>Checks post partum condition</i>				
1. <i>Breasts</i>				
2. <i>Fundus - level & consistency</i>				
3. <i>Lochia - amount & type</i>				
4. <i>Episiotomy</i>				
D. <i>Teaches, reassures, listens, as indicated</i>				
VII. Provides for safety of patient by:				
A. <i>Assisting her to ambulate</i>				
B. <i>Remaining nearby when patient is in shower</i>				
C. <i>Using aseptic technique when caring for patient:</i>				
1. <i>Handwashing appropriately</i>				
2. <i>Changing peri pad from front to back</i>				
3. <i>Using only clean items in care of mother</i>				
VIII. Provides for comfort of patient by:				
A. <i>Giving pain medication as needed and ordered</i>				
B. <i>Demonstrating to patient "how to sit with an episiotomy"</i>				

(CONT'D)

[illegible]

CARE OF THE WOMAN DURING THE PREGNANCY CYCLE

QUESTION TOPICS

Describe importance of prenatal care for:

- mother
- fetus
- society

Define:

1. High Risk Pregnancy and give examples
2. Mechanisms of labor (descent, flexion, etc.)
3. Episotomy

Describe:

1. Differences between true and false labor
2. Signs which signal onset of labor
3. Four stages of labor
4. Signs of imminent delivery
5. Signs of placental separation
6. Apgar Scoring System
7. LaMaze Breathing Techniques
8. Types of analgesia used during labor
9. Types of anesthesia used for delivery
10. Immediate (delivery room) care of the newborn
11. Role of the father in the labor and delivery room
12. Role of the nurse in natural childbirth
13. Toxemia and its effects on mother and fetus
14. Pros and cons of "rooming-in"
15. Advantages of early ambulation
16. Advantages and disadvantages of early discharge
17. Role of post partum nurse in family planning

GERIATRIC CLINICAL
CHALLENGE EXAM PACKET

INSTRUCTIONS FOR TESTORS

(A copy of this is provided to students)

GENERAL NOTE TO TESTORS

The testor (instructor) should intervene in patient care only when safety matters are concerned.

GIVING CARE TO A GERIATRIC PATIENT

INSTRUCTIONS TO THE TESTOR

After the student has been introduced to the staff members, given a brief tour of the facility and chosen the patient with the instructor, no directions from the testor should be given. Questions about location of supplies or agency policy may be answered. The testor should be careful not to cue to student in giving patient care.

GERIATRIC CLINICAL LAB CHALLENGE EXAM

METHOD

By prearrangement between faculty and student, student will plan two to three days for this experience. This would include:

(Day 1) Thursday 1:00 PM - 5:30 PM

(Day 2) Friday 7:00 AM - Noon

- and possibly -

(Day 3) Monday 7:00 AM - Noon

Student is to wear college uniform and name pin. Cap is not necessary. Bring pen, paper and any books you consider necessary for reference.

Come to nursing home lobby at 12:55.

DAY 1 ACTIVITIES

1. Introduction of student to key staff members by faculty.
2. Brief tour of nursing home by faculty.
3. Patient chosen by student and faculty.
4. Begin to become acquainted with patient and gather information using:
 - Patient Problems Analysis
 - Sensory Status Survey
 - Gross Intellectual Overview Survey
 - Patient Chart
 - Nursing Care Plan
5. You will be told which patients (two or more) you will give medicines to in AM. Begin research on patient condition and medicines.
6. You will leave unit at a time mutually agreed by student and faculty member.

DAY 2 ACTIVITIES

1. Show Nursing Care Plan to faculty member.
2. Join your patient for breakfast.
3. Give medicines to patients as assigned.
4. Begin care, using care plan and according to guidelines on Giving Care to Geriatric Patient, Performance Evaluation Checklist.
5. Attend post conference. After post conference, you and instructor will decide if an additional day is necessary.

GERIATRIC SELF STUDY GUIDE

1. Trainex on "Giving Care to the Geriatric Patient"
2. Lamy, P. "Drugs and the Geriatric Patient,"
Journal of the American Geriatric Society
January, 1971, XIX, p. 23-33
3. Schwab, Sister Marilyn, et al "Caring for the Aged",
AJN (73-12) December 1973, pp. 2049-2066
This is a series of articles
4. The Nursing Clinics of North America
(7:2) June, 1972 "Physiologic Functioning in the
Elderly" pp. 237-252

GERIATRIC CLINICAL LAB CHALLENGE EXAM OBJECTIVES

OVERALL OBJECTIVE

The student will meet the geriatric clinical laboratory objectives in a specific time frame mutually decided by student and faculty.

SPECIFIC OBJECTIVES

1. The student will evaluate and report in writing the sensory, intellectual, psycho-social and physical status of a patient chosen by the faculty, using:
 - (1) Patient Problems Analysis
 - (2) Sensory Status Survey
 - (3) Gross Intellectual Overview Survey
 - (4) Patient chart on Nursing Care Plan Form
2. The student will construct a nursing care plan on Nursing Care Plan Form for a geriatric patient, as assigned by the faculty. If Nursing Care Plan prescribes teaching, it will meet criteria specified on Teaching-Learning Performance Evaluation.
3. The student will care for a geriatric patient, using self-constructed Nursing Care Plan demonstrating activities included on "Giving Care to a Geriatric Patient" performance evaluation tool.
4. The student will give medications, according to Medication guidelines, to two or more patients selected by the faculty.
5. Given 15 questions posed by the faculty, based on "Geriatric Question Topics" the student will verbally answer with 80% accuracy.
6. The student will participate orally in a post conference session.
 - (1) Describing patient care given, including description of patient obtained in Objective 1, and results.
 - (2) Identifying and discussing the philosophy and policies of the nursing home facility and staff ("Geriatric Clinical Objective #7").

GERIATRIC CLINICAL LABORATORY OBJECTIVES

The student will:

1. Evaluate and record in writing sensory status, physical status and intellectual and psychosocial status of individual patient(s) using course materials.
2. Use patient's physical, sensory, intellectual and psychosocial abilities and characteristics to plan, give and evaluate nursing care; (e.g., identify with patient individual bowel and bladder elimination patterns and provide bedpan or access to bathroom at specific times).
3. Prepare, use, evaluate, and modify or update a nursing care plan for the chosen nursing home resident.
4. Accurately prepare and administer medications to geriatric patients, according to Medication Administration Performance Evaluation.
5. Demonstrate in care of patient at least two nursing techniques to meet special needs of the elderly, based on body changes due to aging.
6. Demonstrate ability to adapt methods of observation and assessment to nursing home (geriatric) patients by charting pertinent data, and reporting significant data to appropriate persons.
7. Identify and discuss verbally the philosophy and policies of the nursing home facility and staff in post conference.
8. Gather pertinent information about patient from cardex, medex, chart, staff, family, patient, and other resources and demonstrate use of the information in patient care.
9. Demonstrate recognition of health team members by appropriate written and/or verbal contact with other health team members.
10. Communicate effectively with nursing home residents and families and friends in most routine situations.
11. Recognize need for patient and family teaching; teach patient according to criteria of Teaching-Learning Performance Evaluation.
12. Use medical aseptic technique continuously, isolation technique and surgical asepsis, as indicated by patient condition and ordered treatments.
13. Record nursing care and observations of patient in appropriate forms clearly and concisely.

SENSORY STATUS SURVEY

STUDY GUIDE

Directions: The information gathered in this survey should be incorporated in your Nursing Care Plan. The survey does not have to be turned in.

A. HEARING

1. Deaf both ears without hearing aid.
 2. Deaf right ear without hearing aid.
 3. Deaf left ear without hearing aid.
 4. Uses hearing aid in left ear.
 5. Uses hearing aid in right ear.
 6. Can hear when facing speaker.
 7. Hears.
 8. Can hear when spoken to clearly.
 9. Can hear when spoken to in a slower than normal rate.
 10. Listens to radio.
 11. Listens to T.V.
 12. Responds to speech of others.
 13. Additional comments: (Include what patient says about his/her speech)
-
-

B. VISION

1. Is blind both eyes.
2. Is blind right eye.
3. Is blind left eye.
4. Can see only light and dark.

SENSORY STATUS SURVEY

STUDY GUIDE

(Cont'd)

B. VISION - (Cont'd)

5. Can distinguish shapes.
 6. Uses glasses at all times when awake.
 7. Uses glasses for reading.
 8. Can describe bedside table contents on sight.
 9. Can describe room contents on sight.
 10. Can describe people and things outside window.
 11. Reads books, magazines of large type print.
 12. Reads newspaper.
 13. Additional comments: (Include what patient says about his/her sight)
-
-

C. SMELL

1. States cannot tell different smells.
 2. Describes odors as pleasant.
 3. Describes odors as unpleasant.
 4. Describes or discusses:
 - 4.1 Odors of cigarette, cigar smoke.
 - 4.2 Food odors with garlic.
 - 4.3 Perfume.
 - 4.4 Perfumed powder/soap/lotion.
 - 4.5 Odor of urine or feces.
 5. Additional comments: _____
-

SENSORY STATUS SURVEY

STUDY GUIDE

(Cont'd)

D. TOUCH

1. Describes or shows physical reaction to:
 - 1.1 Pain.
 - 1.2 Pressure.
 - 1.3 Movement of body parts.
 - 1.4 Distinguishes hot and cold water to touch of hands, feet, or face.
2. Shakes hands.
3. Touches others.
4. Touches self (e.g., hair, face, etc.)
5. Dresses or asks to dress suitable to weather.
6. Uses hand rails in hallways.
7. Can tell you if your hands are warm or cold to the touch.
8. Additional comments: _____

E. TASTE

1. Describes taste of two different foods eaten that day.
2. Foods:
 - 2.1 Names at least 3 preferred foods and fluids.
 - 2.2 Can describe/discuss items in #2.1, above.
3. Describes how he/she likes coffee or tea.
 - 3.1 What coffee or tea would taste like with milk, sugar.
 - 3.2 What coffee or tea would taste like without milk and/or sugar.

SENSORY STATUS SURVEY

STUDY GUIDE

(Cont'd)

E. TASTE - (Cont'd)

4. Discusses how special diet compares to preferred diet.
5. Makes statements about taste that indicate taste preferences.
6. Makes statements about taste that indicate patient cannot distinguish different tastes.
7. Additional comments: _____

GERIATRIC CLINICAL LAB
GROSS INTELLECTUAL OVERVIEW SURVEY

INTRODUCTION

This survey will help you gain information about the patient's orientation to time, place, person. It is not an intelligence test. It will tell you chiefly where the patient is, in relation to the "here and now."

DIRECTIONS

For your convenience, this form is in checklist format. Do not take it with you to patient and go down the form in a mechanical fashion. First read form, visit with the patient, observing and discussing topics, then fill out form and obtain additional information in another conversation.

The narrative statement, Part II, #5, should include at least four nursing actions that would utilize patient's intellectual functioning at highest level possible for patient and/or to provide for improved intellectual functioning.

GROSS INTELLECTUAL OVERVIEW SURVEY
STUDY GUIDE

DIRECTIONS: The information gained on this study guide should be incorporated into the Nursing Care Plan.

I. SPECIFIC TOPICS

1. Patient knows where he/she is.
2. Indicates verbally knows he/she is in nursing home.
3. Knows he/she is in (name of town).
4. Knows own name.
5. Patient knows own age.
6. Patient describes present surroundings accurately.
7. Patient knows who you are after introduction.
8. Patient knows who you are 2 hours after introduction.
9. Patient identifies and describes staff accurately as members of staff.
10. Identifies other patients by name or description.
11. Patient knows:
 - 11.1 Day
 - 11.2 Date
 - 11.3 Season
 - 11.4 Time of day
 - 11.5 Year
12. Patient discusses health problems of the last six months or year, that correspond with chart and staff data.
13. Patient discusses health problems of the day or week.
14. Patient discusses occupation.
15. Patient discusses place of birth, growing up.

GROSS INTELLECTUAL OVERVIEW SURVEY

STUDY GUIDE

(Cont'd)

I. SPECIFIC TOPICS - (Cont'd)

16. Patient discusses adult life.
17. Patient discusses children and/or other relatives.
18. Patient discusses objects or clothing in room.
19. Patient level of education:
 - 19.1 Grade school or under
 - 19.2 Post grade school
 - 19.3 Post high school
 - 19.4 Post college, undergraduate
 - 19.5 Other
20. Can carry on two-way conversation for 5-15 minutes when not fatigued.
21. Discussion current activities or events:
 - 21.1 Nursing home activities
 - 21.2 Personal care (hygiene) activities
 - 21.3 Current news events
 - 21.4 Books you both read
 - 21.5 TV programs both watched

II. BRIEF SPECIFIC STATEMENTS OF YOUR GENERAL IMPRESSIONS
OF PATIENT, BASED ON THIS SURVEY

1. Patient orientation to time _____

2. Patient orientation to place _____

3. Patient orientation to persons, including him/her self. _____

4. Patient's memory _____

5. Narrative Statement: _____

GIVING CARE TO A GERIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(All items in italics are essential)	YES	NO	*NA	COMMENTS
I. INTRODUCTORY/PLANNING AND COMMUNICATION PERIOD				
A. <i>Reintroduces self to patient</i>				
B. <i>Modifies nursing care plan, based on patient condition/new information</i>				
C. <i>Omits nursing actions on NCP not appropriate at this time</i>				
D. <i>Talks with patient at level of patient understanding</i>				
E. <i>Discovers patient's present interests/concerns</i>				
F. <i>Meets patient's present interest/concern</i>				
G. <i>Plans treatment activities of morning with patient - OR -</i>				
H. <i>Explains treatment activities to patient</i>				
I. <i>Talks with patient in a way that corresponds to patient's sensory abilities</i>				
J. <i>Uses touch, gestures, verbal instructions to meet specific sensory deficits</i>				
II. ASSESSMENT AND ACTION PERIOD				
A. <i>Personal hygiene (mouth & skin care)</i>				
1. Gives, or assists with mouth care: 1.1 Prior to breakfast 1.2 Following breakfast				
2. Bathes patient in tub/shower, depending on agency policy & patient need				

GIVING CARE TO A GERIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>					YES	NO	*NA	COMMENTS
3. Encourages patient to assist with bath according to activity ability previously established on Patient Problem Analysis								
4. <i>Omits bath/shower if warranted by patient's physical/emotional condition</i>								
5. Demonstrates use of time by: assembling all materials for bath/shower and change of clothes prior to beginning bath/shower								
6. <i>Demonstrates safety considerations by assembling all materials for bath or shower and change of clothes prior to beginning bath/shower, if given</i>								
7. Gives bed-bath according to Skills Lab guidelines or agency guidelines if condition warrants								
8. Demonstrates safety considerations by obtaining help from other staff when necessary to move patient:								
8.1 <i>Into/out of tub</i>								
8.2 <i>From bed to wheelchair</i>								
8.3 <i>From wheelchair to bed</i>								
8.4 <i>To or from toilet</i>								
B. Personal hygiene (elimination)								
1. Patient has bowel and bladder control: provides opportunity for voiding and defecation								
1.1 <i>Asks patient usual time for voiding and takes to toilet at this time</i>								
1.2 <i>Asks patient usual time for defecation and takes to toilet at this time</i>								

GIVING CARE TO A GERIATRIC PATIENT
PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
1.3 Takes to toilet or provides bedpan after meal				
1.4 Takes to toilet or provides bedpan after nap				
1.5 Gives treatments as necessary, according to agency procedure (e.g., rectal suppository, digital removal of feces, perineal care)				
1.6 <i>Gives skin care to genital area, lower abdomen, thighs and buttocks, as necessary</i>				
2. Patient is incontinent of urine or feces: Checks patient for soiling:				
2.1 <i>Upon entering room</i>				
2.2 <i>At hourly intervals</i>				
2.3 <i>When patient says he/she is soiled</i>				
2.4 <i>When there is fresh odor of urine or feces</i>				
3. <i>Gives treatments as required:</i>				
3.1 <i>Irrigates indwelling catheter, according to agency procedure or Skills Lab guidelines</i>				
3.2 <i>Maintains accurate I&O, as prescribed</i>				
III. <u>NUTRITION (FOODS AND FLUIDS)</u>				
A. <u>FOOD</u>				
1. Accompanies patient to breakfast				
2. <i>Discovers what patient can feed self</i>				

GIVING CARE TO A GERIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
3. Nurse feeds patient if cannot feed self				
4. Nurse feeds patient: (5 of 7)				
4.1 At pace comfortable for patient				
4.2 Amounts patient can handle one at a time				
4.3 Alternates bites or spoonfuls of different foods				
4.4 Talks with/to patient while feeding him/her				
4.5 Replaces food with equivalent substitute to encourage adequate food intake				
4.6 Uses spoon or fork in relation to food				
4.7 Nurse modifies feeding to correspond to physical problems (e.g. paralysis left side body - feel on right side of mouth)				
5. If patient feeds self: (3 of 6)				
5.1 Nurse provides spoon of proper size and utilization for hand				
5.2 Nurse provides fork of proper size and utilization for hand				
5.3 Nurse cuts food into bite size pieces as necessary				
5.4 Nurse offers help based on motor abilities of patient				
5.5 Offers help/modifies feeding technique to meet physical/neurological problems				
5.6 Talks with patient while he eats				

GIVING CARE TO A GERIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
6. <i>Student can describe amount and kind of food and fluid consumed</i>				
7. Food and tray are removed at conclusion of feeding				
B. <u>Fluids (Oral)</u>				
1. Nurse determines amount of fluids necessary to patient's physiologic state:				
1.1 <i>Checks physician order sheet for fluid orders, amounts and kind per 8 or 24 hour period</i>				
1.2 Counts usual amount of sleep in hours during 24-hour period from information gained from staff				
1.3 From 1.1 and 1.2, estimates fluids necessary to physiologic state during waking hours				
1.4 Estimates fluids provided with meal tray based on diet order for 24 hour period				
1.5 <i>Provides amount of fluids required and/or limited by physical condition for 3-hour patient care period based on Items 1.3, 1.4.</i>				
IV. <u>OTHER ACTIVITIES</u>				
1. <i>Takes vital signs accurately, as judged by instructor</i>				
2. <i>Reports & records abnormalities in vital signs</i>				

GIVING CARE TO A GERIATRIC PATIENT

PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

(All items in italics are essential)				YES	NO	*NA	COMMENTS
3. <i>Performs treatments according to agency procedure or Skills Lab guidelines</i>							
4. <i>Provides for periods of rest</i>							
5. <i>Maintains silence with patient appropriately</i>							
6. <i>Gives medicine to patients (2 or more) using Medication Guidelines</i>							
7. <i>Care reflects evaluation of physical, psychosocial, intellectual, sensory status, as determined by Patient Problems Analysis, SSS and G.I. Overview and chart</i>							
8. <i>Does patient teaching, according to teaching instrument performance evaluation, as necessary</i>							
V. <u>REPORTING AND RECORDING</u>							
1. <i>Records on nurses notes, chart, or as directed, and according to Skills Lab guidelines:</i>							
1.1 <i>Care given</i>							
1.2 <i>Patient's physical status</i>							
1.3 <i>Patient's behavior</i>							
1.4 <i>Stools; amount and description</i>							
1.5 <i>Accurate intake and output, if ordered or agency policy</i>							

PERFORMANCE EVALUATION CHECKLIST

[illegible]

GERIATRIC QUESTION TOPICS

1. Discuss the following drugs in terms of patient need for drug, desired effect of drug and actual effect of drug on patient:

Digoxin

Lasix

Mellaril

Elavil

Nembutal

Kaon

Chloralhydrate

2. Describe verbally how you would modify any nursing procedure from the initial nursing course to provide for altered reaction time in the elderly.
3. Describe a weekly routine of personal hygiene for a nursing home resident chosen by the faculty.
4. Compare the significance of blood pressure reading, apical and radial pulse readings in the aged with those found in middle aged adults.
5. Describe verbally what information about a patient's physical status you would put on a referral form for a patient going to a general hospital for elective abdominal surgery.
6. Given an example of a patient with sensory impairment, describe how you would plan and give nursing care to such a patient.
7. Describe bladder training program for elderly patients with urinary elimination problem.
8. Describe physiologic changes of aging in the gastrointestinal tract which may contribute to impaired nutrition and elimination.
9. Describe how physical setting and social routines of nursing home could be modified to better meet the needs and desires of your patient/patients in general.

APPENDIX

"A"

NURSING CARE PLAN

I. INTRODUCTION TO PATIENT

Pt _____ Age _____ Sex _____ Diagnosis _____

Day of hospitalization _____

Additional data _____

II. SHORT TERM GOAL

LONG TERM GOAL

III. CARE PLAN:

NEED AND PROBLEM	"WHY'S" OF PROBLEM (Physiologic data)	NURSING ACTION AND PRINCIPLES	RESULTS OF NURSING ACTION

GUIDELINES
for
CONSTRUCTION OF NURSING CARE PLAN
in
NURSING II

INSTRUCTIONS: Have a copy of Work Sheet Nursing Care Plan for reference as you read these guidelines. Read entire guidelines, then ask instructor for clarification, as needed.

KEY POINTS in Construction of Nursing Care Plan.

NOTE: The words "pertinent information" are used. "Pertinent information" is that information which applies to the patient's physical, emotional and developmental status and nursing care required to meet physical, emotional and developmental needs of this patient.

1. Complete Items I and II of Nursing Care Plan.
2. Fill in need and problem, the "whys", and nursing action and principles.
3. Nursing Care Plan includes:
 - A. Pertinent information from the following sources:
 - Chart
 - Cardex
 - From Agency Staff
 - From patient (Nurse may use observation, communication, assessment)
 - From family
 - B. List categories of basic needs, as defined by Maslow.* (Any order may be used.) State problems under categories of needs in standard medical terminology.
 - C. Nursing action** and principle on which nursing action is based, consistent with patient's age and abilities.
 - D. Nursing action and principle(s) consistent with physical condition of patient.
 - E. Nursing action and principle(s) consistent with patient/family preferences at their limits of safety for patient.

* Mitchell P. Holsclaw, Concepts Basic to Nursing, 1973, pp 52-53

** Nursing actions are clear, specific, and frequency is stated.

GUIDELINES FOR CONSTRUCTION OF NURSING CARE PLAN - (Cont'd)

- F. Nursing action and principles correspond to policies of agency unit.
 - G. Nursing actions will be stated in specific terms including what, when, how, how much, how often.
 - H. Nursing rationale will explain in principles why a specific action is stated.
4. After application of nursing action, record results of nursing action on Care Plan and continue nursing action, or state a different nursing action, as necessary to meet need or resolve problem.

**"CONSTRUCTION OF NURSING CARE PLAN"
INSTRUMENT EVALUATION CHECKLIST**

<i>(All items in italics are essential) (plus 3 other items)</i>	YES	NO	*NA	COMMENTS
1. <i>Uses Nursing Care Plan form</i>				
2. <i>Completes Items I & II of NCP Form</i>				
3. <i>States all basic needs, as defined by Maslow's Terminology</i>				
4. <i>States all problems in standard medical terminology</i>				
5. <i>Statement of problem includes chief physical problem</i>				
6. <i>Statement of problem includes emotional needs & problems caused by chief physical problem</i>				
7. <i>Statement of problem includes all major physical problems¹ caused by, or related to, chief physical problem</i>				
8. <i>Statement of problem includes emotional needs and problems caused by related physical problem</i>				
9. <i>Statement of problem includes overt emotional & development needs & problems unique to individual patient</i>				
10. <i>Statement of problem includes emotional/development needs based on patient's age</i>				
11. <i>"Whys" or physiologic data of problem are related to problem stated</i>				
12. <i>Nursing care is stated in terms of specific actions</i>				
13. <i>Nursing principle is consistent with stated nursing actions</i>				
14. <i>Nursing action & principles are consistent with physical condition of patient</i>				
¹ Major Physical Problems are those which interfere with basic needs.				

**"CONSTRUCTION OF NURSING CARE PLAN"
INSTRUMENT EVALUATION CHECKLIST**

(Cont'd)

<i>(All items in italics are essential) (plus 3 other items)</i>	YES	NO	*NA	COMMENTS
15. Nursing action & principles are consistent with patient's age and abilities				
16. <i>Nursing action & principles are consistent with patient/family preference within limits of safety</i>				
17. Nursing action & principles correspond to policies of unit				
18. NCP shows all pertinent information on physical status from: CHART CARDEX PATIENT FAMILY STAFF <i>special evaluation instruments</i>				
19. NCP shows pertinent information on emotional and developmental status from: CHART CARDEX PATIENT FAMILY STAFF DEVELOPMENTAL TESTS				
20. NCP shows results of all stated nursing actions				
21. NCP shows a new nursing action if previous action did not resolve problem				
22. Nursing Care Plan corresponds to short-term goal				
23. Nursing Care Plan corresponds to long-term goal				

IV FLUIDS PERFORMANCE EVALUATION CHECKLIST

(All items in italics are essential)	YES	NO	*NA	COMMENTS
1. Checking Fluid Rate:				
1.1 Checks for amount of fluid per hr/min in physician record sheet				
1.2 If rate per minute is not designated, student does math computation to determine rate per minute for equipment used				
2. Counts rate of IV Drip: (Must include 2.3, 2.6 and 3 more)				
2.1 Compares own count with IVAC control, if used				
2.2 If discrepancy exists, adjusts IVAC or reports discrepancy to Team Leader				
2.3 When first sees patient				
2.4 After patient changes position				
2.5 After patient increases/decreases activity				
2.6 At hourly intervals during patient care				
3. Student adjusts IV to proper rate as necessary, according to Agency procedure or policy				
4. Notifies Team Leader if flow rate is 10 drops above or below ordered rate* index (microdrip)				
5. Checks infusion site for:				
5.1 Correct placement of needle				
5.2 Adequate anchoring of needle				
5.3 Signs of infiltration according to test				

IV FLUIDS PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>				YES	NO	*NA	COMMENTS
5.4 Notifies team leader if problem exists							
6. Use of restraints							
6.1 Use restraint for limb with needle and other limbs to prevent accidental or intentional removal of needle							
6.2 Release restraint and permit and/or provide movement of limbs every 2 to 3 hours							
7. Check for desired results							
A. IV tubing is free of kinks or pressure							
B. Determine state of hydration: (5 of 8 essential)							
B.1 Inspection of mucous membrane of mouth							
B.2 Palpation for skin tissue turgor							
B.3 Inspection of tissues of face (esp. around eyes)							
B.4 Palpation of anterior fontanel in child + 18 months							
B.5 Palpation for edema of extremities							
B.6 Question patient about thirst absent/present							
B.7 Verbally identify signs of overhydration to instructor							
B.8 Compare urine output with IV fluid intake over 2-hour period							

(Cont'd)

A-8

*NA=Not Applicable

TEACHING AND LEARNING
PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
I. The student performs the assignment and, when appropriate, hands in description 3 days after the experience				
II. The student "knows" the learner's: <i>(Essential 4 of 6)</i> A. Age B. Education C. Sociocultural status D. Degree of illness E. Degree of anxiety F. Previous knowledge/experience with teaching topic G. Place in health-illness continuum				
III. <i>The student gathers additional information about learner & material to be taught: (Essential 2 of 2)</i>				
A. <i>Has basic knowledge relating to topic to be taught</i> B. <i>Has researched client's feeling and knowledge related to topic</i>				
IV. The student designs a method for giving the material to the learner: <i>(1 of 2)</i>				
A. Selects time and place where learning can occur B. Selects materials (i.e. chart, dolls) to use in presentation				
V. Student implements plan: <i>(1 of 2)</i>				
A. Modifies plan according to patient condition B. Modifies plan according to patient environment				
VI. The student tests to see if learner has retained material by: <i>(1 of 2)</i>				
A. Asking questions on material demonstrated B. A return demonstration				

TEACHING AND LEARNING
PERFORMANCE EVALUATION CHECKLIST

(CONT'D)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
VII. The student evaluates the results of teaching in terms of effectiveness: <i>(Essential 3 of 3)</i> A. <i>In relation to materials used</i> B. <i>In relation to time and place</i> C. <i>In relation to learner's anxiety level</i>				
VIII. Based upon 5 and 6 (if necessary) student will describe revised plan				
IX. The student will research questions asked by learner to which he cannot respond: <i>(Essential 2 of 2)</i> A. <i>Seeks resources</i> B. <i>Returns with information to the learner</i>				

ADMINISTRATION OF MEDICATIONS

SELF STUDY GUIDE

The student will demonstrate the application of knowledge, principles, and skills from the basic pharmacology and the administration of medications by completing the following objectives:

A. Prior to clinical assignment:

1. Review basic pharmacology and the administration of medications.
2. Review and practice any necessary skills in the skills lab.

B. Prior to administration of medications:

1. Obtain necessary information about the patient(s) and the medications.
2. Obtain the necessary equipment and supplies for preparation and administration of medications.
3. Arrange for observation by your instructor.

C. Implementation Objectives:

DRUG ADMINISTRATION (*)

Given a selected patient for whom medications have been ordered, the student:

1. Gives the right medication.
 - a. Uses reliable pharmacological resources to obtain information about dose, therapeutic and side effects, toxicity, channels of administration, and precautions to be observed for drugs with which she is unfamiliar.
 - b. Reports discrepancies among pharmacological information, patient's condition, and doctor's order.
 - c. Checks medication card against container.
2. Gives medication at the right time.
 - a. Schedules time of administration to maintain constant blood level when indicated.
 - b. Reports symptoms of untoward side effects, toxicity, and addiction.
 - c. Administers p.r.n. medications to achieve desired effect.
 - d. Uses nursing measures to reduce need for and enhance therapeutic effect of medications.

3. Prepares the right dose.
 - a. Uses tables of equivalents to make conversions, if necessary.
 - b. Applies mathematical skills to compute doses when amount ordered is different from dispensing unit.
4. Uses safe and effective techniques for administering medications via appropriate channels of administration:
 - a. inhalation
 - b. oral (capsule, pill, liquid)
 - c. rectal
 - d. subcutaneous
 - e. intramuscular
 - f. intradermal
 - g. intravenous
 - h. instillation of drops
5. Gives medications to the right person.
 - a. Uses agency's method of identification of medications.
 - b. Uses agency's method of patient identification.
6. Charts, records, and reports medications given using the agency's forms and channels of communication.
7. Makes planned and incidental observations of patients' response to medication.
8. Explain reasons for nursing actions.

D. Evaluation Phase

1. Reflect upon your experience. (e.g., "Would you do the same in the future?" "What would you do differently?" "What suggestions would you make to other students having a similar experience?")
2. Discuss your experience in post conference.
3. Include comments about your experience in your diary.
4. Make medication cards on those medications that are new to you.

(*) There may be special arrangements or additional factors in different clinical situations. You will be told about this in advance.

NOTE: These objectives are on-going and you will repeat them whenever you are assigned to administer medications.

ORAL MEDICATION ADMINISTRATION
PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	NA	COMMENTS
I. PREPARATION PHASE				
1. The student can state verbally for each drug to be given: <i>(Essential 5 of 6)</i>				
1.1 Drug name				
1.2 Drug action				
1.3 Drug dose				
1.4 Relationship between ordered drug dose and recommended dose for patient's age and condition				
1.5 Relationship of drug to patient's condition				
1.6 Precautions, side effects and toxicity				
2. Pouring drugs for patients: <i>(All of each section that applies is essential)</i>				
A. Checks medication card against container:				
A.1 before pouring				
A.2 after pouring				
A.3 when replacing container in usual place				
B. Pouring liquids:				
B.1 Pours away from label side				
B.2 Wipes bottle top before replacing cap				
B.3 Checks liquid measure at eye level with container on stable surface				
B.4 Liquid measure is 100% accurate with instructor measurement				
B.5 Inpalatable liquid medicines are mixed with 1 oz to 4 oz of compatible fluid				
C. Special procedures:				
C.1 Divides tablets using knife or other suitable instrument on clean surface				

ORAL MEDICATION ADMINISTRATION
PERFORMANCE EVALUATION CHECKLIST

(Cont'd)

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
C.2 Divided tablet to be administered contains correct dose C.3 Crushing of tablets is done with mortar and pestle or "drug crusher" on clean surface C.4 Tablet or capsules mixed with semi-solid food or fluids are stirred/shaken for adequate dispersion				
D. Medical asepsis is maintained throughout procedure				
E. Drug tray is arranged so medicine cards and medicines for patients are clearly together, to avoid error				
II. ADMINISTRATION PHASE				
1. Patient identification <i>(Essential: 1.1 & 1.2 OR 1.1 & 1.3)</i>				
1.1 Asks patient his/her name 1.2 Checks armband against medical card 1.3 Asks staff to positively identify patient without armband				
2. Giving medicine to patient: 2.1 Presents medicines with water or other permitted liquid 2.2 Helps patient take medicine, if necessary 2.3 Observes patient swallow medicine 2.4 At right time 2.5 Takes vital signs, in proper manner prior to medicine administration, according to drug prescribed 2.6 Withholds oral medicine if patient condition warrants 2.7 Reports 2.6 to instructor and team leader and records omission on agency medication form and/or agency nurses notes				

ORAL MEDICATION ADMINISTRATION
PERFORMANCE EVALUATION CHECKLIST
(Cont'd)

(All items in italics are essential)	YES	NO	*NA	COMMENTS
III. RECORDING AND OBSERVATION PHASE				
1. <i>Returns all materials to proper place and leave clean work surface</i>				
2. <i>Records medicines given according to agency procedure or agency medicine forms</i>				
3. <i>Returns to patient to observe drug effect/general condition within 30 minutes/one hour after administration</i>				

Patient Information

STUDENT NAME _____

NAME _____

DATE: _____

AGE _____ SEX _____

PROBLEM/CONDITION _____

ADDITIONAL DATA _____

PATIENT PROBLEMS* ANALYSIS

WHAT PROBLEM BOTHERS THE PATIENT OR WHAT PROBLEM ENDANGERS
HIS HEALTH OR LIFE?

Fluids

What problem interferes with his patient getting needed fluids?

Does this patient have a problem with fluids which endanger his health or life? (Edema of body tissues, dehydration)

Aeration

Does this patient have a problem getting enough oxygen to meet his needs?

What preventive measures does he require to prevent interference with his oxygenation?

Nutrition

What problems does this patient have in relation to supplying his body need for protein, carbohydrates, fats, minerals, and vitamins?

What problems in meeting his nutritional needs offer a threat to his health or life?

* Form composed by M. O. Wolanin

Communication

What interferes with this patient's ability to understand others?

What interferes with his ability to be understood?

Does a problem in communication interfere with his health or life?

Activity

What interferes with this patient's ability to move about as he wishes?

In what way is his inability to move a threat to his life or health?

Pain

Is this patient having pain?

What meaning does the pain have for him?

What comforting measures does he ask for?

Does the pain indicate a threat to his life or health?

Elimination

What is disturbing the patient in relation to emptying his bladder?

Does a problem exist in emptying his bladder which is a threat to his life or health?

What problem does the patient feel is present in relation to emptying his bowel?

Is there a threat to his health or life?

Socialization

Can this person sustain a meaningful relationship with another patient or person?

What does he feel interferes with such a relationship?

What problems do you feel interfere with the patient's ability to share experiences with another person?

Is this patient apathetic? depressed? frightened?

PATIENT PROBLEMS ANALYSIS
PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
I. Uses Patient Problems Analysis Form				
II. Fills in heading of form:				
<i>A. Own name</i> <i>B. Date</i> <i>C. Patient name</i> <i>D. Patient age</i> <i>E. Patient sex</i> <i>F. Patient problem or condition</i> <i>G. Patient additional data</i>				
III. Obtains data to answer questions from: <i>(5 of 6 essential)</i>				
<i>A. Patient</i> <i>B. Patient's family</i> <i>C. Team leader</i> <i>D. Other staff members</i> <i>E. Chart</i> <i>F. Kardex</i>				
IV. Answers all questions:				
<i>A. Answers relate to specific patient and his/her condition</i> <i>B. Questions not applicable to the patient are marked as such</i>				
V. Returns Patient Problems Analysis to instructor within 3 days of assignment				

MODEL OF CLINICAL CHALLENGE EXAM

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

DEVELOPED BY:

MARY JANE HATTSTAEDT AND MARGARET M. ISAAC

UNDER

VOCATIONAL EDUCATION RESEARCH MINI GRANT

PROJECT NO. 75-RMG-1301

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

(All items in italics are essential)	YES	NO	*NA	COMMENTS
I. INTRODUCTORY ASSESSMENT AND PLANNING PERIOD				
<i>A. Introduces self to patient</i>				
<i>B. If necessary, modifies nursing care plan, based on patient condition/new information</i>				
<i>C. Omits nursing actions on NCP not appropriate at this time</i>				
<i>D. Talks with patient at level of patient understanding</i>				
<i>E. Discovers patient's present interests/concerns</i>				
<i>F. Meets patient's present interest or concern</i>				
<i>G. Plans treatment activities of morning with patient* - OR -</i>				
<i>H. Explains treatment activities to patient</i>				
<i>I. Talks with patient in a way that corresponds to patient's sensory abilities</i>				
<i>J. Uses nonverbal behavior consistent with/or supplementary to verbal communications</i>				
II. NURSING INTERVENTION (ACTION) PERIOD (Includes ongoing evaluation)				
A. Personal hygiene (mouth and skin care)				
<i>1. Gives, or assists with mouth care:</i>				
<i>1.1 Prior to breakfast</i>				
<i>1.2 Following breakfast</i>				
<i>2. Bathes patient in bed, tub or shower, depending on agency policy and patient need</i>				
<i>3. Encourages patient to assist with bath according to activity ability (established PPA)</i>				

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

(All items in <i>italics</i> are essential)	YES	NO	*NA	COMMENTS
B. <u>Patient is incontinent of urine or feces: (All essential)</u>				
1. Checks patient for soiling:				
1.1 Upon entering room				
1.2 At hourly intervals				
1.3 When patient says he/she is soiled				
1.4 When there is fresh odor or urine or feces				
III. <u>NUTRITION (FOOD AND FLUIDS)</u>				
A. <u>Food</u>				
1. Withholds food, if ordered				
2. Accompanies patient to breakfast or provides patient with food on tray				
3. Discovers what patient can feed self				
4. Feeds patient if cannot feed self				
5. Nurse feeds patient: <i>(Essential 5 of 8)</i>				
5.1 At pace comfortable for patient				
5.2 Amounts patient can handle one at a time				
5.3 Alternates bites or spoonfuls of different foods				
5.4 Talks with/to patient while feeding him/her				
5.5 Replaces food with equivalent substitute to encourage adequate food intake				
5.6 Uses spoon or fork in relation to food				
5.7 Modifies feeding to correspond to physical problems (e.g. paralysis left side body - feed on right side of mouth)				
5.8 Encourages consumption of foods important to physiologic functioning based on patient's condition				

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
6. If patient feeds self, nurse: <i>(Essential 4 of 7)</i>				
6.1 Provides spoon of proper size and utilization for hand				
6.2 Provides fork of proper size and utilization for hand				
6.3 Cuts food into bite-size pieces as necessary				
6.4 Offers help based on motor abilities of patient				
6.5 Offers help/modifies feeding technique to meet physical/neurological problem				
6.6 Talks with patient while he eats				
6.7 Encourages consumption of foods important to physiologic functioning based on patient's condition				
7. <i>Student can describe amount and kind of food & fluid consumed:</i>				
7.1 <i>Adequacy in relation to ordered diet</i>				
7.2 <i>Adequacy in relation to patient's physical and sociocultural needs</i>				
8. Food and tray are removed at conclusion of feeding				
9. If manual feeding by mouth is contraindicated, feedings are given as ordered:				
9.1 By gavage				
9.2 By hyperalimentation				
9.3 Feedings are of composition ordered				
9.4 Feedings are given in correct amounts, at correct temperature, at accurate rate				

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
B. <u>Fluids (Oral)</u>				
1. <u>Fluids withheld if ordered</u>				
2. Checks physician order sheet for fluid orders, amounts and kind per 8 or 24 hour period.				
3. <i>Provides amount of fluids required and/or limited by physical condition for 3-hour patient care period.</i>				
4. <i>Provides amount of fluids for age and condition</i>				
5. If fluids given by IV, use IV Fluid Performance Evaluation Checklist				
IV. <u>OXYGENATION</u>				
1. Determines adequacy of patient O ₂ exchange <i>(All essential)</i>				
1.1 <i>Counts respirations.</i>				
1.2 <i>Inspects mucous membranes for signs of cyanosis</i>				
1.3 <i>Checks color of nailbeds, uses pressure to check adequate capillary return</i>				
1.4 <i>Inspects dependent body parts for adequate oxygenation</i>				
1.5 <i>Uses stethoscope to listen to chest sounds-describes normal: reports abnormal</i>				
2. Takes measures to maintain adequate O ₂ exchange:				
2.1 <i>Positioning at intervals</i>				
2.2 <i>Having patient cough, turn, deep-breathe</i>				
2.3 <i>Provides for exercise (active and/or passive)</i>				
- OR -				
3. Takes measures to provide for adequate O ₂ exchange <i>(All essential)</i>				
3.1 <i>Maintains O₂ delivery through nasal catheter, tent, etc. at ordered intervals</i>				
3.2 <i>Notes response to 3.1 at hourly intervals</i>				

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

<i>(All items in italics are essential)</i>	YES	NO	*NA	COMMENTS
3.3 <i>Counts respirations and notes characteristics of respirations visualized and heard by stethoscope.</i> 3.4 <i>Maintains humidification of room by tent or other devices as ordered</i> 3.5 <i>Maintains respiration rate and characteristics at levels normal for age and condition</i> 3.6 <i>Reports inability to meet 3.5 to Team Leader or appropriate other</i>				
V. PERSONAL HYGIENE (ELIMINATION)				
1. Patient has bowel and bladder control: nurse provides opportunity for voiding and defecation:				
1.1 <i>Asks patient usual time for voiding and takes to toilet at this time</i>				
1.2 <i>Asks patient usual time for defecation and takes to toilet at this time</i>				
1.3 <i>Takes to toilet or provides bedpan after meal</i>				
1.4 <i>Takes to toilet or provides bedpan after nap</i>				
1.5 <i>Gives treatments as necessary or ordered, according to agency procedure; e.g., rectal suppository, digital removal of feces, perineal care</i>				
1.6 <i>Gives skin care to genital area, lower abdomen, thighs and buttocks, as necessary</i>				
2. <i>Does patient teaching, according to teaching performance evaluation tool, as necessary</i>				
3. <i>Maintains medical and surgical asepsis appropriately throughout period of care</i>				

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

(All items in italics are essential)	YES	NO	*NA	COMMENTS
VI. OTHER ACTIVITIES				
A. Takes vital signs - comparison with instructor findings are:				
1. Pulse accurate $\pm$ 2 beats/min				
2. Takes apical, radial, or femoral pulse according to patient condition and information desired from pulse measurement				
3. Respiration accurate $\pm$ 2 respirations/min				
4. Temperature accurate $\pm$ 2/10° with standard thermometer				
5. Temperature 100% accurate with electronic thermometer				
6. Oral, rectal, temperature taken depending on patient's age, level of consciousness, condition				
7. B/P accurate $\pm$ 2mm. mercury systolic, $\pm$ 4mm mercury diastolic				
B. Reports and records abnormalities in vital signs within 15 minutes of findings:				
1. Takes remedial action on abnormal findings				
2. Administers medication				
C. Performs treatments according to agency procedure book, skill lab guidelines or specific Performance Evaluation Test				
D. Provides for periods of rest and sleep as indicated by condition				
E. Maintains silence with patient appropriately				
F. Gives medicine to patients according to Medication Performance Evaluation Test:				
1. Gives PRN medications appropriately				
2. Withholds medications appropriately				

GIVING CARE TO A PATIENT
PERFORMANCE EVALUATION CHECKLIST

(All items in italics are essential)	YES	NO	*NA	COMMENTS
G. Care reflects evaluation of physical, psychosocial, intellectual, sensory status, as determined by Patient Problems Analysis, personal assessment, other required devices and chart				
H. Provides for activity, including ambulation, that is consistent with patient condition and patient desires within limits of safety				
I. Omits bath/shower if warranted by patient's physical/emotional condition				
J. Demonstrates use of time by: assembling all materials for bath/shower and change of clothes prior to beginning bath/shower				
K. Demonstrates safety considerations by assembling all materials for bath/shower and change of clothes prior to beginning bath/shower.				
L. Demonstrates safety considerations by obtaining help from other staff when necessary to move patient:				
1. Into/out of tub				
2. From bed to wheelchair or other mechanical devices				
3. From wheelchair or other mechanical device to bed				
4. To or from toilet				

GIVING CARE TO PATIENT PERFORMANCE EVALUATION CHECKLIST

(All items in italics are essential)		YES	NO	*NA	COMMENTS
VII. REPORTING AND RECORDING					
A. Records on nurses notes chart, according to agency procedure and skills lab guidelines (Essential 8 of 8)					
1. Care given, including treatments and medications					
2. Patient's physical status					
3. Patient's behavior					
4. Food and fluid intake-amount and kind					
5. Urine output expressed in number of times or measured amount					
6. Stools; amount and description					
7. Accurate intake and output, if ordered or agency policy					
8. Signs note					
B. Gives brief verbal report on Items 1 through 7, Item VII-A, above, to Team Leader					

A P P E N D I X

"B"

- I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS
IN NURSING
- II. FORM I AND TABULATED RESULTS
- III. FORM II - OBSTETRICS, PEDIATRICS, GERIATRICS
AND TABULATED RESULTS

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING

Associate Degree Education for Nursing. information about State-
Approved Associate Degree Programs in Nursing, N.L.N., 1973-1974
Pub. No. 23-1309 \$.50

The pamphlet gives general information about Associate Degree Programs in Nursing. Listed by state, the pamphlet gives information about usual length of program, possibility of advanced placement, possibility of part-time study, possibility of evening classes, living arrangements, a breakdown of total program costs, and maximum number of freshman admissions. The contact person for application form/catalog is listed.

This pamphlet would be useful in counseling students and would be helpful to the student who knows characteristics of a program they would choose.

Boyle, Rena, "Articulation: From Associate Degree Through Masters"
Nursing Outlook (20) October 1972, pp. 670-672

This article gives an account of examination of A.D. and Baccalaureate programs at the University of Nebraska to develop a curriculum in which A.D. graduates could enter upper division baccalaureate programs. There would be no duplication of material for the A.D.N. registered nurse studying for the baccalaureate, and the educational products of each program would be clearly distinct from each other. A curriculum proposal that provides progression from one level to the next A.D., baccalaureate, masters has been approved and funded by Project Grants Branch of the Division of Nursing. A.D. program courses could serve as foundation for upper division courses. R.N.s with an A.D. from NLN accredited schools will be admitted to BSN program - all students will be R.N.s. The article offers ideas for differentiation of work, and acceptance of post-educational experience.

Burnside, Helen, "Practical Nurses Become Associate Degree Graduates"
Nursing Outlook (17:4) April 1969, p. 47

The one-page article tells how licensed practical nurses may receive credit at Cuyahoga Community College in Cleveland by taking mid-term and final examinations in Nursing 101, a fundamentals course of five credits. 153 students had taken the exam by June 1968 with 98 successful on the examination. Some thought was given to administering a practical examination prior to admitting students, but time prohibited this.

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING - (Cont'd)

"Career-Ladder Breakthrough - Now, an Associate Degree Without Attending College" R.N. December 1972, p. 50

Brief one-page description of University of State of New York internal degree program and the procedure for application to the Regents External Degree Program (REX) for an A.D. in nursing, available beginning in 1974, in which it is possible that all credit may be obtained by examination exclusively. The title of the article is deceptively simple, compared to the detailed information description that follows.

Chuan, Helen, "Evaluation by Interview" Nursing Outlook (20:11) November 1972, pp. 726-727

This article discusses the use of a structured interview questionnaire used to evaluate students' performance in the clinical situation. The interview evaluation tool elicits information that helped faculty determine how well students understood and were using the nursing process. The author states that the more commonly used observational methods do not allow systematic evaluation nor provide an accurate and reliable range of expected outcomes. The author is pleased with educational outcomes of her evaluation instrument. The interview questionnaire is included in the article and it looks like a useful and comprehensive device.

Corona, Dorothy, "A Continuous Progress Curriculum in Nursing" Nursing Outlook, January 1970, pp. 46-48

Individualized course of study in nursing at Arizona State University, College of Nursing at Tempe, is described in this article. Students are self-pacing and participate in a continuous progress curriculum that includes mastery of specific tasks and content. Independent study is very important. R.N. students find that they move at their own pace and build on what they know.

Credit by Examination in Nursing, Proceedings from a Western Regional Conference, 1972; Western Interstate Commission for Higher Education, September 1972, \$2.00

This is an important resource for an overview of practices current in 1972. It also describes problems that challenge exams present. Paper and pencil types of examinations for credit are the types discussed in detail.

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING - (Cont'd)

DeChow, Georgina H. - "Future Directions for the A.D. Nurse" Nursing Outlook, February 1973, Vol. 21 #2, pp. 108-109

This article is an excerpt from a paper presented in March 1972 on the subject, "How Does the Associate Degree Nurse Fit into the Health Care Delivery System Now and in the 80's."

Greater freedom of movement within the educational system for A.D. graduate and for LPNs and nursing assistants is foreseen and recommended. Functions of the A.D. nurse and changes in health care delivery systems are explored with curriculum implications outlined.

"Directory of Career Mobility Opportunities in Nursing Education" 1974 National League for Nursing, Publication Number H 19-1485 \$5.95

Important reference for those providing information about career mobility opportunities in nursing education. Offers a state-by-state listing of "open curriculum" programs in nursing. Lists educational institutions and important characteristics about the school and curriculum opportunities. It would be useful to LPNs, RNs seeking a BSN, Corpsmen, and others interested in nursing careers.

"Education for Nursing - The Diploma Way" (Information about NLN Accredited Diploma Programs in Nursing) National League for Nursing, Department of Diploma Programs; Publication #16-1314, 10 Columbus Circle, New York, New York 10019, 1973-1974

Pamphlet listing accredited NLN Diploma schools. Includes a listing of schools by states and provides information on advance placement possibilities for: "Other Nurse Education Programs", "Licensed Practical Nurses" and "Others". Recommends contacting each school for information. This implied that "Other" includes applicants from paraprofessional medical programs.

Finch, Alice Joyce, "For Students Only: A System for Learning", Nursing Outlook, (19:5) May 1971, pp. 332-333

The conceptual model which is used for the continuous progress curriculum at Arizona State University at Tempe is presented. There is emphasis on the students' role in independent learning and evaluation based on the individual student's achievement. Systems (and this model uses the system approach) provide the impetus to define objectives in measurable terms. The instructor participates in evaluation and promotes students' independent function. This article, with a diagram of the Student's Learning System is an appropriate companion article to Corona's "A Continuous Progress Curriculum in Nursing" cited elsewhere in the bibliography.

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING - (Cont'd)

Ingles, Thelma and Montag, Mildred, "Debate: Ladder Concept in Nursing Pro and Con", Nursing Outlook (19:11) November 1971, pp. 726-730

Thelma Ingles presents the "pro" ladder concept giving examples from her work in Cali, Colombia with nurses and the Nursing programs of the University del Valle. Programs to upgrade education of nursing personnel were uniquely suited to the needs of the individual and the country. Inherent in the career ladder concept is that the system should be so ordered that what one learns at one stage has relevance and academic value at the next. Ms. Ingles urges continued experimentation and innovation in nursing education.

Mildred Montag gives a "con" argument to the ladder concept. She discusses the ladder in terms of concepts of status, lower versus higher, and the locked-in nature of a ladder as defined by standard dictionaries. She sees the ladder concept as denying the integrity of professions themselves and the varying kind of practice within a profession (e.g., is a general practitioner less than a specialist). Ms. Montag states she has yet to see a Ladder curriculum which does what it purports to do. She states a belief that no one should be forced to repeat study in an area in which he is already knowledgeable, hence the use of challenge exams. Yet, if professional curriculums offer nursing at the upper division level, and they are truly professional in content and method, few would challenge successfully. If a student knows his future goal, he should be assisted to enter the program that most directly leads to that goal.

These companion statements offer challenging ideas to proponents of the ladder concept.

Katzell, Mildred E., "Upward Mobility in Nursing", Nursing Outlook (18:9) September 1970, pp. 36-39

This article quotes a 1970 statement by the National League for Nursing Board of Directors favoring the open curriculum. Provision for validation of previous education and experience is one stated belief of this group. The article contrasts institutional proficiency tests and nationally standardized tests. All proficiency tests discussed are paper and pencil tests and their use may include granting credit, advance placement, or diagnosis of learning gaps. Evaluation of clinical performance is suggested for practical nurses, aides and orderlies prior to diploma program admission.

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING - (Cont'd)

Lenberg, Carre E., Coordinator, New York Regents External Degree Nursing Program, Albany, New York, "Our Readers Speak", Nursing Outlook (22:6) June 1974, pp. 360-361

This letter responds to Sister Dorothy Sheehan's article, "Degree, Yes - Education, No". It refutes the article by describing how curriculum is designed, how tests are formed, and by describing the student population. The program is explicitly for the adult learner. It is for persons in nursing or allied health fields. It is an alternative for those who could not, or did not, begin in a collegiate setting or whose education was not completed. It is stated that the current program is for the ADN. A baccalaureate program is in the future. This letter is good companion reading to the article to which it responds.

Metz, Edith A. and McCleary, Carol M., "Knowing the Learner", The Journal of Nursing Education, January 1970, pp. 3-9

Identification of individual needs of the learner in order to make teaching more effective is the subject of this article. A questionnaire that provides a profile of learner characteristics and is titled, "Characteristics of Students Past Education Experience" is presented. The questionnaire and the basic principles that underly it could be adapted for a variety of programs. Adaptations of teaching to meet learners' needs are discussed.

Moore, Sister Anne Joachim, "The Ladder and the Lattice", Nursing Outlook May 1972, Vol. 20 #5, pp. 330-332

This article contains a strong argument for challenging exams to help experienced or talented workers move from a lower level to a new level. Another reason for challenge exams is to assist those students who want to transfer from an A.D. to a baccalaureate program, as opposed to making all general education courses transferable for those "few" students who choose to transfer. Current definitions of both ladder and lattice concepts are critiqued.

Nyquist, Ewald B., "The Regents External Degrees", Associate Degree Education - Current Issues, 1973, N.L.N. 1973 Publication #23-1495

Comprehensive overview of current and projected external degrees of the University of the State of New York. The prospect of the development of clinical assessment instruments is cited as having wide and important ramifications for nursing education and all allied health fields. Types of study materials and educational guidance useful to external degree candidates are discussed. This is a thought-provoking speech with many implications for post-secondary life-long education for the wide variety of learners that comprise our society.

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING - (Cont'd)

Nyquist, Ewald B., "The External Degree Program and Nursing", Nursing Outlook, June 1973, Vol. 21, No. 6, pp. 372-377

The theoretical and experimental background of external degrees offered by the University of the State of New York is presented. Difficulties of nurses in progressing up the career ladder in traditional academic fashion is one reason given for the development of an external degree; associate in applied science in Nursing to be offered by the University in late 1974. The demonstration of clinical competency in the clinical laboratory is an integral part of the program. Descriptions of the methods of designing and testing curriculum indicate that the tests of the clinical competency will be useful and widely tested instruments. Credit for what one knows is highlighted vs. how one learned what one knows.

"Selected Bibliography on Associate Degree Nursing Education", National League for Nursing: Department of Associate Degree Programs, 1974, Pub.No. 23:1369

This bibliography is a rich resource for faculty in associate degree programs. It incorporates the best of articles in the 1973 edition with the addition of new material.

Sheahan, Sister Dorothy, "Degree, Yes - Education, No", Nursing Outlook (22:1) January 1974

This article offers a far ranging critique of the external degree program. The author specifies the learner climate and type of educational questioning and socialization that are part of college or university based education. The author objects to nurses who are "degree'd" for their roles solely by examination, including practice examinations. While this article raises cogent points, the author seems to have selected the assistance of an external degree candidate who will take no campus work as the sole representative of the external degree group.

I. ANNOTATED BIBLIOGRAPHY ON CHALLENGE EXAMS IN NURSING - (Cont'd)

Schmiedel, Edna B., "One Rung at a Time - Up the Career Ladder",
Nursing Outlook, June 1973, Vol. 21 #6, pp. 400-403

A vivid portrayal of the difficulties and gratifications encountered by a woman who at 35 years-plus started up the career ladder as a practical nurse student and obtained an A.D., B.S.N. and M.S. in nursing. She cites difficulties in obtaining needed scholarship monies based on age or program type restrictions. Also stated are both lack of challenging exams and the considerable amount of time required to study and take written exams upon moving from A.D. to baccalaureate level education. Repetition of nursing content was found in A.D. and B.S.N. programs. Statements made about self study while practicing nursing at all licensure (education) levels, indicate clinical exams of what was known with credit given would have helped speed this nurse's educational progress.

Wozniak, Delores, "External Degrees in Nursing" AJN Vol. 73 #6
June 1973, pp. 1014-1018

Historical development of external degrees through the Regents External Degree Program of the University of the State of New York is presented. The planning, curriculum and standardization process for the A.A.S. external degree in nursing is presented in enough depth to grasp content and process. Component is the final examination; it follows the completion of the four academic nursing area examinations.

The performance subcommittee is working on criteria that will result in testing student performance in patient care situations. A valid examination instrument, standardized to assess clinical performance at the technical level in nursing is the expected outcome. This has many implications for talented and experienced health workers who seek an A.D. in nursing. The legal structure and private and public resources of the University of the State of New York contribute greatly to the climate for the development of the external degree by examination.

CHALLENGE EXAM

FORM I

1. Do you currently use challenge exams for any clinical area of nursing? _____ YES _____ NO

A. If yes, is there a standardized procedure for challenging? _____ YES _____ NO

B. If yes, is the same evaluation tool used for all clinical areas? _____ YES _____ NO

2. Who may take the challenge examinations?

_____ R.N.s

_____ L.P.N.s

_____ Aides

_____ Anyone

* _____ People meeting criteria set by program

* _____ Other

3. When are challenge exams given?

_____ Before semester begins

_____ At the beginning of each semester

_____ Whenever need exists

* _____ Other

4. Are clinical challenge exams given separately from theory exams?

5. Are clinical challenge exams given in -

_____ Hospital labs

_____ Skills Centers

* _____ Other

*Please give details.

6. Do you retain statistics on the number of students taking the challenge exams? _____ YES _____ NO

If yes, please answer:

- A. What percentage of the student population take the exams?

_____ Less than 10%

_____ 10% - 25%

_____ 25% - 50%

_____ 50% - 75%

_____ More than 75%

- B. What percent of the students taking the exams successfully complete them?

_____ 10% - 25%

_____ 25% - 50%

_____ 50% - 75%

_____ 75% - 100%

- C. How successful have these students been in succeeding courses?

_____ Very successful (Above average)

_____ Successful (Average)

_____ Poor success rate (Below Average)

7. Any additional comments or materials would be gratefully appreciated.

NAME OF SCHOOL: _____

PERSON TO CONTACT: _____

TELEPHONE NO.: _____

CHALLENGE EXAM

62 Responses

FORM I

1. Do you currently use challenge exams for any clinical area of nursing? 34 YES 28 NO
- A. If yes, is there a standardized procedure for challenging? 31 YES 4 NO
- B. If yes, is the same evaluation tool used for all clinical areas? 12 YES 17 NO

2. Who may take the challenge examinations?

11 R.N.s

33 L.P.N.s

9 Aides

1 Anyone

* 16 People meeting criteria set by program

* 15 Other

3. When are challenge exams given?

16 Before semester begins

1 At the beginning of each semester

15 Whenever need exists

* 12 Other

4. Are clinical challenge exams given separately from theory exams?

27 Yes 1 No

5. Are clinical challenge exams given in -

20 Hospital labs

17 Skills Centers

* 6 Other

*Please give details.

6. Do you retain statistics on the number of students taking the challenge exams? 26 YES 11 NO

If yes, please answer:

- A. What percentage of the student population take the exams?

20 Less than 10%

4 10% - 25%

1 25% - 50%

1 50% - 75%

2 More than 75%

- B. What percent of the students taking the exams successfully complete them?

9 10% - 25%

4 25% - 50%

5 50% - 75%

10 75% - 100%

- C. How successful have these students been in succeeding courses?

1 Very successful (Above average)

24 Successful (Average)

3 Poor success rate (Below Average)

7. Any additional comments or materials would be gratefully appreciated.

NAME OF SCHOOL: _____

PERSON TO CONTACT: _____

TELEPHONE NO. _____

EXPERIENCE WITH GERIATRIC PATIENTS (OTHER THAN CARE OF ELDERLY
FAMILY MEMBERS AND ELDERLY PATIENTS IN NURSING I CLINICAL LAB)

1. Have you had previous experience working with geriatric patients? (Check one) 6 Yes No

If yes, answer the following:

- (a) Where did you work with geriatric patients?
(Check appropriate items)

 1 Nursing Home
 3 Hospital Unit
 0 Clinic
 2 Physician's office
 0 Rehabilitation center
 3 During a nursing course not taken at PCC
 2 Other (describe) Mental Institution

- (b) How long did you work with geriatric patients?

 1 1-3 months
 4 4-9 months
 1 10 months - 1 year
 1 More than 1 year

- (c) What kinds of nursing care have you given to geriatric patients? (Write in "rarely" or "frequently" on line for appropriate items)

R = rarely F = Frequently

6F Taken vital signs
4F 1R Given baths or showers
4F 1R Given enemas
3F 2R Inserted rectal suppositories
 6R Inserted vaginal suppositories
5F Given external catheter care
3F 3R Irrigated, anchored (indwelling) catheter

<u>3F</u>	<u>3R</u>	Given oral medications *
<u>3F</u>	<u>3R</u>	Given IM or subcutaneous medications
<u>5F</u>	<u>1R</u>	Given passive ROM to patients
<u>5F</u>	<u>1R</u>	Assisted patients in doing active ROM
<u>5F</u>	<u>1R</u>	Assisted patients with eating
<u>5F</u>	<u>1R</u>	Initiated and maintained communications with a patient who is hard of hearing
<u>5F</u>	<u>1R</u>	Initiated and maintained communications with a patient with visual handicap
<u>6F</u>		Used transfer and lifting techniques to assist patient from bed to wheelchair
<u>6F</u>		Used transfer and lifting techniques to assist patient on and off toilet seat
<u>4F</u>	<u>2R</u>	Changed dressings
<u>4F</u>	<u>2R</u>	Given wound care

(d) Have you done any of the following activities? (Write in "rarely" or "frequently" on line for appropriate items)

<u>6F</u>		Given nursing care to "confused" patients
<u>4F</u>	<u>2R</u>	Given nursing care to unresponsive patients
<u>6F</u>		Given nursing care to patients with partial paralysis
<u>6F</u>		Given nursing care to patients who must use canes and walkers
<u>5F</u>	<u>1R</u>	Given nursing care to patients who must use wheelchairs
<u>4F</u>	<u>2R</u>	Gained cooperation of patient for treatment of activity patient dislikes
<u>5F</u>	<u>1R</u>	Arranged items in the environment of a patient with limited mobility, so patient can reach and use need items
<u>6F</u>		Explained treatments and procedures to patients
<u>4F</u>	<u>2R</u>	Explained treatments, procedures, conditions to family of patient

I have evaluated the physical status of geriatric patients.

(Give examples) 5 respondents specifically related
physical status to patients' ability/
inability to care for self
1 respondent mentioned use of
nursing care plan & physical signs of
impending death

I have evaluated the intellectual and psychosocial status of geriatric patients.

(Give examples) Chiefly mentioned psychosocial and
communication factors
1 mention of language ability; lack of
education

2. Briefly list what you see as strong points in your previous nursing care of geriatric patients:

Wide variety of responses
with no pattern

3. Briefly list what you see as gaps or areas of further experience needed in your care of geriatric patients:

5 mentions of specific treatment procedures (e.g.

colostomy care)

1 mention of gaining patient cooperation in own care

1 = "None"

4. I would like to challenge the geriatric clinical lab objectives of Nursing II. (Check one)

5 Yes

1* No

*This student wanted the extra experience and received a grade of B+ in the course

RESPONDENT NO.	COURSE GRADE	
1	A-	APPLICANT NAME: _____
2	B	ADDRESS: _____
3	B+	PHONE NO.: _____
4	C	SIGNATURE: _____
5	B+	DATE: _____
6	B+	

All students who challenged geriatric clinical laboratory Spring, 1974 did so successfully.

QUESTIONNAIRE

PRIOR OB EXPERIENCE (OTHER THAN YOUR OWN PREGNANCIES)

1. Have you had previous experience with maternity patients?
(Check one) ☐ Yes ☐ No

If yes, answer the following questions:

- (a) Where did you have this experience?

☐ Prenatal clinic
☐ Doctor's office
☐ Family Planning Clinic
☐ Hospital Nursery
☐ Post partum unit
☐ Labor delivery unit
☐ Prenatal classes (childbirth education, LaMaze)
☐ Other (describe) _____

- (b) How long were you in this position?

☐ Less than one month
☐ 1-3 months
☐ 3-9 months
☐ 9 months - 1 year
☐ More than 1 year

- (c) What was the nature of this experience?

☐ Hospital aide on post partum
☐ LPN on post partum
☐ Aide in the nursery
☐ LPN in labor and delivery
☐ Aide in labor and delivery
☐ LPN in the nursery

☐ OB Tech
☐ Clinic assistant
☐ Doctor's assistant
☐ Receptionist
☐ Counselor
☐ Patient advocate
☐ Other (describe) _____

2. LPNs and those with prior experience in care of maternity patients in the hospital, please complete the following questions:

<u>YES</u>	<u>NO</u>	
_____	_____	I have admitted a labor patient to L & D (including prep and enema)
_____	_____	I have stayed with a patient through her entire labor and delivery
_____	_____	I have coached a patient in the breathing exercises of natural childbirth
_____	_____	I have remained with patients medicated with Scapalamine
_____	_____	I have assisted with patients who have had Pitocin infusions running
_____	_____	I have timed contractions and feel comfortable doing so
_____	_____	I have timed fetal heart tones and feel comfortable doing so
_____	_____	I have been present in the delivery room when the father was present
_____	_____	I have been with a patient in the OB recovery room
_____	_____	I have given medications in the recovery room
_____	_____	I have taken recorded vital signs, level of consciousness, fundal location and vaginal discharge in the recovery room
_____	_____	I have given a peri lite to a patient on post partum

YESNO

_____ I have given a Sitz bath to a patient on post partum

_____ I have checked post-partum patients for the following:

_____ breast engorgement

_____ bladder distention

_____ amount of lochia

_____ episiotomy repair

_____ (with section incisions)

_____ I have given the following types of medications on post partum:

_____ oral

_____ intramuscular or subcutaneous

_____ intravenous

_____ suppositories

_____ topical sprays

_____ breast creams

_____ I have assisted a mother to get up for the first time

_____ I have assisted a mother to bottle-feed her newborn

_____ I have assisted a mother to breast-feed her newborn

_____ I have assisted a mother to change, bathe and handle her newborn

_____ I have put antibiotic preparation in the newborn's eyes

_____ I have admitted a newborn to the nursery, including performance of the following procedures:

_____ weighing

_____ measuring

YESNO

taking vital signs

aspirating stomach contents

giving injection of Vitamin K

evaluating gestational age by testing

examining newborn for congenital anomalies

monitoring vital signs and conditions

I have bathed newborns, including giving of the first bath

I have taken care of premature and/or sick newborns

I have gone-gone-fed a newborn

3. Briefly list what you see as strong points in your previous maternity experience:

4. Briefly list what you see as gaps or areas in which further experience is needed in the maternity area:

5. I would like to challenge all () or part () of the obstetrical clinical objectives of Nursing II. If part, check which part(s):

Labor & Delivery _____ Nursery _____ Post Partum _____

APPLICANT'S NAME: _____

ADDRESS: _____ PHONE NO. _____

DATE: _____ SIGNATURE: _____

PEDIATRIC EXPERIENCE (OTHER THAN CARE OF YOUR OWN CHILDREN
OR BABY-SITTING)

1. Have you had previous experience working with well children?
(Check one) ☐ Yes ☐ No

If yes, answer the following questions:

- (a) Where did you work with well children? (Check one)

☐ Clinic
☐ Well Baby Clinic
☐ Doctor's Office
☐ "Free Clinic"
☐ Other (Describe)
☐

- (b) How long did you work with well children?

☐ Less than one month
☐ 1-3 months
☐ 3-9 months
☐ 9 months - 1 year
☐ More than 1 year

- (c) What was the nature of your work with well children? (Check one)

☐ Evaluating health status
☐ Giving immunizations
☐ Testing vision and hearing
☐ Weighing and measuring
☐ Testing growth and development
☐ Assisting Physician
☐ Assisting Nurse
☐ Interviewing mothers
☐ Counselling mothers
☐ Other (Describe)

(d) What age children did you work with?

_____ 1 day to 1 month
 _____ 1 month - 6 months
 _____ 6 months - 2 years
 _____ 2 years - 5 years
 _____ 5 years - 9 years
 _____ 9 years - 12 years
 _____ 12 years - 15 years
 _____ 15 years - 18 years

2. Have you worked with children who are ill? (Check one)
 _____ Yes _____ No

If yes, answer the following questions:

(a) I have worked with sick children in the following settings:

_____ Hospitals
 _____ Clinic
 _____ Doctor's Office
 _____ Health Agency
 _____ Home
 _____ Other (Describe)

(b) I have worked with the following age groups:

_____ 1 day to 1 month
 _____ 1 month - 6 months
 _____ 6 months - 2 years
 _____ 2 years - 5 years
 _____ 5 years - 12 years
 _____ 9 years - 12 years
 _____ 12 years - 15 years
 _____ 15 years - 18 years

(c) How long have you worked with sick children?

_____ Months

_____ Years

(d) What kinds of nursing care have you given to sick children?

_____ Taken vital signs on children of _____ ages.

_____ Given baths to children of _____ ages.

_____ Given oral medication to children of _____ ages.

_____ Reported observations of sick children to team leader.

_____ Recorded observations of sick children on work sheet or chart.

_____ Given parentoral medications to children of _____ ages.

_____ Assisted at physical exam of children of _____ ages.

_____ Explained procedures to children of _____ ages.

_____ Given pre-op care to children of _____ ages.

(Give one example: _____)

_____ Given post-op care to children of _____ ages.

(Give one example: _____)

_____ Accompanied children of _____ ages and remained with them for X-rays and lab tests.

_____ Planned and carried out play activities with sick children.

_____ Worked with parents of children of _____ ages.

(Explain in what way: _____)

_____ Admitted children and families to a pediatric unit.

_____ Discharged children and families from a pediatric unit.

_____ Cared for sick children in isolation.

_____ Changed dressings on sick children.

_____ I feel that I can give good care to infants (1 day - 2 years) and meet their physical, emotional and growth-development needs.

_____ I feel that I can give good care to pre-schoolers and meet their physical, emotional and growth-development needs.

_____ I feel that I can give good care to school age children and meet their physical, emotional and growth-development needs.

_____ I feel I can give good care to adolescents and meet their physical, emotional and growth-development needs.

(e) I have used the following sources of information to get pertinent information about a child to give appropriate care:

Cardex	_____ Yes	_____ No
Chart	_____ Yes	_____ No
Medex	_____ Yes	_____ No
Patient	_____ Yes	_____ No
Family	_____ Yes	_____ No
R. N.	_____ Yes	_____ No
L. P. N.	_____ Yes	_____ No
Physician	_____ Yes	_____ No
Other Medical Workers	_____ Yes	_____ No
Hospital Dept's Diary	_____ Yes	_____ No

(f) _____ I have evaluated the developmental level of children, using standard tests, such as the DDST.

3. Briefly list what you see as strong points in your previous nursing care of children:

4. Briefly list what you see as gaps or areas of further experience needed in your care of children:

5. I would like to challenge the pediatric clinical lab objectives of Nursing II. (Check one)

☐ Yes ☐ No

APPLICANT NAME: _____

ADDRESS: _____

PHONE NO.: _____

SIGNATURE: _____

DATE: _____

QUESTIONNAIRE

EXPERIENCE WITH GERIATRIC PATIENTS (OTHER THAN CARE OF ELDERLY
FAMILY MEMBERS AND ELDERLY PATIENTS IN NURSING I CLINICAL LAB)

1. Have you had previous experience working with geriatric patients? (Check one) _____ Yes _____ No

If yes, answer the following:

- (a) Where did you work with geriatric patients?
(Check appropriate items)

_____ Nursing Home
_____ Hospital Unit
_____ Clinic
_____ Physician's office
_____ Rehabilitation center
_____ During a nursing course not taken at PCC
_____ Other (describe) _____

- (b) How long did you work with geriatric patients?

_____ 1-3 months
_____ 4-9 months
_____ 10 months - 1 year
_____ More than 1 year

- (c) What kinds of nursing care have you given to geriatric patients? (Write in "rarely" or "frequently" on line for appropriate items)

_____ Taken vital signs
_____ Given baths or showers
_____ Given enemas
_____ Inserted rectal suppositories
_____ Inserted vaginal suppositories
_____ Given external catheter care
_____ Irrigated, anchored (indwelling) catheter 169

- _____ Given oral medications
- _____ Given IM or subcutaneous medications
- _____ Given passive ROM to patients
- _____ Assisted patients in doing active ROM
- _____ Assisted patients with eating
- _____ Initiated and maintained communications with a patient who is hard of hearing
- _____ Initiated and maintained communications with a patient with visual handicap
- _____ Used transfer and lifting techniques to assist patient from bed to wheelchair
- _____ Used transfer and lifting techniques to assist patient on and off toilet seat
- _____ Changed dressings
- _____ Given wound care

(d) Have you done any of the following activities? (Write in "rarely" or "frequently" on line for appropriate items)

- _____ Given nursing care to "confused" patients
- _____ Given nursing care to unresponsive patients
- _____ Given nursing care to patients with partial paralysis
- _____ Given nursing care to patients who must use canes and walkers
- _____ Given nursing care to patients who must use wheelchairs
- _____ Gained cooperation of patient for treatment of activity patient dislikes
- _____ Arranged items in the environment of a patient with limited mobility, so patient can reach and use need items
- _____ Explained treatments and procedures to patients
- _____ Explained treatments, procedures, routines to family of patient

- _____ Reported or recorded significant observations of geriatric patients appropriately
- _____ Oriented patients to time, place and person
- _____ Oriented patients to time and activities of the day
- _____ Taught patients the reasons for specific care, routines or treatments
- _____ Taught patients a new procedure or activity (e.g. how to do clinitest)

(e) I have used the following sources of information to get pertinent information about a geriatric patient to give appropriate care:

Cardex	_____ Yes	_____ No
Chart	_____ Yes	_____ No
Medex	_____ Yes	_____ No
Patient	_____ Yes	_____ No
Family	_____ Yes	_____ No
R. N.	_____ Yes	_____ No
L. P. N.	_____ Yes	_____ No
Physician	_____ Yes	_____ No
Other Medical Workers	_____ Yes	_____ No
Hospital Dept Referral forms	_____ Yes	_____ No

(f) I have evaluated the sensory status of geriatric patients.
(Give examples) _____

I have evaluated the physical status of geriatric patients.

(Give examples) _____

I have evaluated the intellectual and psychosocial status of geriatric patients.

(Give examples) _____

2. Briefly list what you see as strong points in your previous nursing care of geriatric patients:

3. Briefly list what you see as gaps or areas of further experience needed in your care of geriatric patients:

4. I would like to challenge the geriatric clinical lab objectives of Nursing II. (Check one)

☐ Yes ☐ No

APPLICANT NAME: _____

ADDRESS: _____

PHONE NO.: _____

SIGNATURE: _____

DATE: _____

APPENDIX

"C"

PIMA COLLEGE

2202 WEST ANKLAM ROAD
TUCSON, ARIZONA 85709

July 3, 1974

Dr. Beverly Wheeler, Director
Research Coordinating Unit
Research, Planning and Information Services
Arizona Department of Education
Phoenix, AZ 86007

RE: TITLE OF PROJECT: DEVELOPMENT AND USE OF CHALLENGE EXAMS
FOR CLINICAL LABORATORY NURSING II: PART I

Dear Dr. Wheeler:

This report includes the information requested in your letter of June 3. The quarterly report form was also used as a guide for this report. This report is not final because it involves testing instruments that have been constructed, but not administered to students. A final report will be given at the end of Part II, which emphasizes students taking the constructed tests. The financial report form is being completed by Fiscal Control and will be sent to you very shortly.

Part II revised time lines, activities and budget will be sent to you by separate letter.

I appreciate the consultation we have had by phone. It has clarified matters and facilitated the progress of this project.

Sincerely yours,

Mary Jane Hattstaedt,
Project Director

MJH:do

cc: Alison Dawson
Chuck Macon

NARRATIVE SUMMARY OF PROJECT IN OPERATION

DEVELOPMENT AND USE OF CHALLENGE EXAMS FOR CLINICAL LABORATORY

Many students who enter nursing courses have knowledge from previous experiences. Currently, these students must repeat these experiences in nursing clinical situations to complete the Nursing II course requirements in obstetrics, pediatrics and geriatrics. This repetition does not provide a satisfactory experience to the student and tends to utilize resources vitally needed for increasing numbers of students with lesser skills. The present absence of methodology and testing tools makes it impossible for faculty and students to adequately approach this problem.

From April 5 to June 30, 1974 we have been working on the development of challenge exams for clinical laboratory Nursing II.

Our objectives were:

1. To develop standardized tests to permit students, who have had work experience in any or all of the three clinical areas, to challenge clinical laboratory objectives in Nursing II.
2. To establish criteria which will permit students to challenge clinical objectives in Nursing II.
3. To identify parts of standardized tests for Nursing II that are unique to hospital-based pediatrics and obstetrics, and nursing-home-based geriatrics.
4. To provide a model for challenging clinical laboratory requirement in Nursing II that could be applied to all nursing courses with appropriate modifications.

A survey of the literature showed that there is little specific information on clinical challenge examinations available (see appended annotated bibliography).

Form I (blank form and results are appended) was used to gather information from other undergraduate nursing programs about existence and use of clinical challenge exams.

Of the 149 copies of Form I sent to undergraduate nursing schools in the Southwest and other selected institutions, 42 responded. Of these, 55% give some form of clinical challenge. Conclusions drawn from this survey show that there are no standard definitions for challenge exams; that they are new to most institutions; and that many institutions would like to use the tools which are being developed under this project.

Form II was used to gather information about students' past nursing experience. Because it was given so late in the semester (after April 5), there were not enough obstetric or pediatric questionnaires to yield significant data. Six Geriatric Form II questionnaires were returned and the summary results are appended. All students who challenged geriatric clinical laboratory were successful, and of that number, five had four or more months of experience with geriatric patients.

We have developed challenge methods, clinical challenge examination objectives, self study guides, and performance evaluation tools for pediatric, geriatric and obstetric clinical laboratory.

This has been done utilizing Nursing II course objectives, clinical objectives and content. Materials were reviewed with Betty Croft on June 6 and June 13 from the viewpoint of nursing relevance, usefulness in testing nursing abilities, and communicating meaningfully to students.

Consultation on test design of all testing instruments was obtained on 6/18/74 and 6/24/74 from Dr. James Eubanks, Assistant Professor, and Ms. Karen Tyler, M. S., Educational Technology Research Associate, both from the Arizona State University Educational Technology Department. These consultations constitute our evaluation at this point in the project. We are requesting further consultation in Part II of this project grant, for refinement of tools after students have taken the clinical challenge examinations. Challenge exam instruments have been developed within the philosophical framework of Pima Community College and the Nursing Program and come within the Framework of Arizona State Board of Nursing Guidelines.

The appendix of this report contains performance evaluation tools for I.V. fluid therapy, giving oral medications, a nursing care plan, teaching-learning, and patient problems analysis. All of these instruments could be used in a variety of clinical settings, and are not unique to obstetrics, pediatrics and/or geriatrics. However, these tools, like those which are clinically specific, have not yet been administered to students in the clinical area. Students will take the clinical challenge examinations in Part II of this project. Refinement and beginning standardization will take place at that time.

* Nursing Consultant to the nursing faculty at Pima Community College August 1973 - July 1974.

Performance evaluation tool competencies are based on end-of-semester performance (Spring Semester, 1974) by Nursing II students in all three clinical areas: obstetrics, pediatrics and nursing-home-based geriatrics.

The challenge examination packet contains all materials developed and is packaged as the student will receive it. In Part II of the project grant, after students have taken the examinations, modifications will be made and materials and results disseminated. Students will be advised at Fall registration of the opportunity to take the clinical challenge examinations (any, or all 3). Any student who has successfully completed the initial nursing course(s) and has past work or educational experience in obstetrics, pediatrics or geriatrics is eligible to take the challenge examination(s).